

# Distribution Guide for Quebec residents only



**RBC Insurance®**

**Name of the insurance product**

Travel Insurance

**Type of insurance product**

Individual travel insurance

**Name and address of the Insurer**

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**Name and address of the distributor:**

Since the address of each travel agency is different,  
we ask each agency to apply a sticker here  
with its name, address, telephone and fax number.

**L'Autorité des marchés financiers does not express an opinion on the quality of the products offered in this guide. The Insurer alone is responsible for any discrepancies between the wording of the guide and the policy.**



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The terms identified in *italic* in the text are defined in the section Definitions.

## DEFINITIONS

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**Accidental bodily injury** – bodily injury caused by an accident of external origin occurring during the *period of insurance* and being the direct and independent cause of the loss.

**Bedside companion** – a person of *your* choice who is required at *your* bedside while *you* are hospitalized during *your trip*.

**Business meeting** – a meeting, trade show, training course, or convention, scheduled before *your effective date* between companies with unrelated ownership, pertaining to *your* full-time occupation or profession and that is the sole purpose of *your trip*. Legal proceedings are not considered to be a *business meeting*.

**Caregiver** – the permanent, full-time person entrusted with the well-being of *your* dependant(s). It is necessary that their absence cannot be reasonably replaced.

**Catastrophic event** - total eligible Cancellation & Interruption Insurance claims arising directly or indirectly from an *act of terrorism* or series of *acts of terrorism*, occurring within a seventy-two hour period that exceed \$1,000,000.

**Change in medication** - the addition of any new *prescription drug*, the withdrawal of any *prescription drug*, an increase in the dose of any *prescription drug* or a decrease in the dose of a *prescription drug*.

Exceptions:

- an adjustment in the dosage of insulin or Coumadin (Warfarin), if *you* are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

**Children** – unmarried persons:

- under 21 years of age; **or**
- under 26 years of age if full-time students; **or**
- mentally or physically handicapped and over 20 years of age; and

who are *your* natural, adopted or step-children and are dependent on *you* for support.

**Commercial rental agency** – a car rental agency licensed under the law of its jurisdiction.

**Contamination** – the poisoning of people by:

- nuclear;
- chemical; **and**
- biological substances

which causes illness and/or death.

**Deductible** - the dollar amount for which *you* are liable for each claim, as stated on *your insurance application/confirmation of coverage*, before any remaining eligible expenses are reimbursed under this Insurance.

**Departure point** – the place *you* depart from on the first day of *your* intended travel period, as shown on *your trip* itinerary insured by *us* or on *your insurance application/confirmation of coverage*.

**Dismemberment** – actual severance through or above *your* wrist or ankle joint.

**Effective date** – (SINGLE TRIP Plan)

- a) for all *emergency* medical coverages, Travel Accident coverages and Baggage & Personal Effects coverages:  
the date on which *you* are scheduled to leave *your departure point*. Under all coverages, *your effective date* is shown on *your insurance application/confirmation of coverage*.  
For TravelCare® - HealthSelect®, Gold, Silver Plus, Silver and Bronze package coverages, this date cannot be more than 365 days from the date of *your insurance application/confirmation of coverage*.
- b) for Cancellation & Interruption coverages:  
the date and time the required premium is paid, as shown on *your insurance application/confirmation of coverage*.
- c) for *Rental Car Physical Damage* coverage:  
the date on which *you* are scheduled to take possession of *your rental car*, as shown on *your insurance application/confirmation of coverage*.
- d) for Flight Accident coverages:  
the date and time shown on *your* transportation ticket.
- e) for *Top-up* coverage:
  - a) 12:01 a.m. on the day following the date of expiry of *your* prior coverage; or
  - b) if *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your effective date* is set out in points a) through d) above, based on the coverage *you* purchase as *top-up*.

**Effective date** – (Multi-Trip ANNUAL Plan)

- a) for *Emergency Medical* coverage, Travel Accident coverage and Baggage & Personal Effects coverage:  
subsequent to *your start-up date*, the date on which *you* are scheduled to leave *your departure point*.
- b) for Cancellation & Interruption coverage:  
if *your* pre-paid travel arrangements are purchased before *your start-up date*, the *effective date* is the date *your* Multi-Trip annual plan is purchased. If *your* pre-paid travel arrangements are purchased after *your start-up date*, *your effective date* is the date and time *you* purchased *your* prepaid travel arrangements, and before any cancellation penalties are in effect.
- c) for Flight Accident coverage:  
subsequent to *your start-up date*, the date and time shown on *your* transportation ticket.
- d) for *Top-up* coverage:
  - 12:01 a.m. on the day following the date of expiry of *your* prior coverage; or
  - if *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your effective date* is set out in points a) through c) above, based on the coverage *you* purchase as *top-up* (not applicable if Multi-Trip Annual plan is purchased as *top-up* to *your* travel insurance included with *your* credit card coverage.)

**Emergency** – any sudden and unforeseen event that begins during the *period of insurance* and makes it necessary to receive immediate treatment from a licensed *physician* or to be hospitalized. An *emergency* ends when the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* are medically able to return to *your* home country.

**Emergency treatment** – medical treatment or surgery for an *emergency* that is required for:

- the immediate relief of an acute symptom, **or**
- upon the advice of a licensed *physician*

that cannot be delayed until *you* return to *your* home country, and has to be received during *your trip* because *your medical condition* prevents *you* from returning to *your* home country.

The treatment or surgery must be:

- ordered by or received from a licensed *physician* during *your trip*; **or**
- received in a *hospital* during *your trip*; **or**
- received from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, as a result of an *emergency* that occurs during *your trip*.

**Expiry date** – the date on which *your* coverage ends under this Insurance, as shown on *your insurance application/confirmation of coverage*.

**Family**-*you, your spouse and children* who share living quarters. This definition is applicable to Cancellation & Interruption insurance coverage.

**Family coverage** – the coverage that *you* and *your children* have when a *family coverage* option is available and the required premium has been paid. The *family coverage* option is available under *our* Classic Medical and Classic Multi-Trip ANNUAL Medical coverages.

**Government health insurance plan** – the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

**Hospital** – an establishment that is licensed as an accredited *hospital*:

- is operated for the care and treatment of in-patients;
- has a Registered Nurse always on duty; **and**
- has a laboratory and an operating room on the premises or in facilities controlled by the establishment.

*Hospital* does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

**Immediate family** – *spouse, parent, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew, the legal guardian or legal ward of the insured or the person for whom the insured is the legal guardian or legal ward.*

**Infant** – a person who:

- was born before *your effective date*;
- is under 2 years of age;
- is *your immediate family* member; **and**
- travels with *you* during *your trip*.

**Insurance application/confirmation of coverage** – the printed form, computer printout, invoice or document provided by *your* Travel Agent or through *your* online application, which confirms the insurance coverage *you* have purchased.

**The insurance application/confirmation of coverage forms part of the insurance contract.**

**Key employee** – an employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

**Loss of sight** – entire and permanent loss of eyesight.

**Medical condition** –

- *accidental bodily injury* or sickness; **or**
- a condition related to that *accidental bodily injury* or sickness.

This condition includes:

- disease,
- acute psychoses; **and**
- complications of pregnancy occurring within the first 31 weeks of pregnancy.

**Medical questionnaire** – the form that contains questions that must be answered correctly at the time of *insurance application/confirmation of coverage*. This form, once completed and signed, forms part of the insurance contract.

*Your medical condition* at the time of completion of the *medical questionnaire* determines the terms of coverage and/or the premium that apply to *you*.

**You must complete the medical questionnaire if you are applying for:**

- any TravelCare - HealthSelect, Gold, Silver Plus, Silver or Bronze coverages, unless otherwise stated; **or**
- any coverage that includes Cancellation & Interruption, when the non-refundable portion of *your* prepaid travel arrangements exceeds \$15,000; **or**
- Classic Medical, or TravelCare - HealthSelect or Gold Medical if *your trip* exceeds 183 days.

**Mental or emotional disorders** - emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with minor tranquilizers or anti anxiety (anxiolytics) medication.

**Mountain climbing** – the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabineers and lead-rope or top-rope anchoring equipment.

**Network** – the *hospitals, physicians* and other medical service providers recognized by *us* at the time of the *emergency*.

**Passenger plane** – a certified multi-engine transportation aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports. The *passenger plane* must hold a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent, and must be operated by a certified pilot.

**Period of insurance** - the period of time between *your effective date* and *your return date*.



**Physician** – someone who is not *you* or a member of *your immediate family* who is licensed to prescribe drugs and administer medical treatment (within the scope of such licence) at the location where the treatment is provided.

A *physician* does not include a naturopath, herbalist, chiropractor or homeopath.

**Prescription drug** – drug or medicine that can only be issued upon the prescription of a licensed *physician* or dentist and is dispensed by a licensed pharmacist.

*Prescription drug* does not mean such drug or medicine, when *you* need (or renew) them to continue to stabilize a condition which *you* had before *your trip*, or a chronic condition.

**Professional** – engaged in a specified activity as *your* main paid occupation.

**Rental car** – under *Rental Car Physical Damage Insurance*, a *vehicle* rented by *you* from a *commercial rental agency* for *your* personal use under a written rental agreement.

**CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

***Rental car* does not mean: truck; commercial van; bus; motorcycle; moped; motorbike; recreational vehicle; all-terrain vehicle; camper or trailer; limousine; an automobile that is more than 20 years old; or Aston Martin, Bentley, Bricklin, Daimler, De Lorean, Excalibur, Ferrari, Jensen, Lamborghini, Lotus, Maserati, Porsche, Rolls Royce, or any similar automobile. A *rental car* also does not mean a sport utility vehicle or any other automobile while *you* use it off-road.**

**Return date** –Single-Trip Plan

for all coverages other than *Rental Car Physical Damage* and *Flight Accident*:  
the date on which *you* are scheduled to return to *your departure point*.

This date is shown on *your insurance application/confirmation of coverage*.

- under *Rental Car Physical Damage*:  
the date on which *you* are scheduled to return *your rental car* to the *commercial rental agency*, as shown on *your insurance application/confirmation of coverage*.
- under *Flight Accident*:  
the *return date* and time shown on *your* transportation ticket.

If *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your return date* is 11:59 p.m. on the day before the *effective date* of *your* subsequent coverage.

**Return date** – Multi-Trip ANNUAL Plan

- a) under Multi-Trip ANNUAL Plan coverages 11:59 p.m. on the last day of *your* purchased option (9, 16, 30 or 60 day option);
- b) under *Flight Accident*:  
the return date and time shown on *your* transportation ticket. *Your trip* must be within *your* purchased option (9, 16, 30, 60 day option)
- c) If *you* purchase *top-up* coverage *your return date* is 11:59 p.m. on the last day of *your* extended coverage. (Note: if *you* purchase *your* Multi-Trip Annual Plan as *top-up* to *your* travel insurance included with *your* credit card coverage the during of the *top-up* coverage cannot exceed *your* purchased option.)

**Schedule change** –

- the later departure of an airline carrier causing *you* to miss *your* next connecting flight via another airline carrier (or connecting cruise ship, ferry, bus, or train); **or**
- the earlier departure of an airline carrier rendering unusable the ticket *you* have purchased for *your* prior connector flight via another airline carrier (or connecting cruise ship, ferry, bus, or train).

*Schedule change* does not mean a change resulting from a supplier default, strike or a labour disruption.

**Spouse** – the person who:

- is legally married to *you*; **or**
- has been living in a conjugal relationship with *you* for a continuous period of at least one year and who resides in the same household as *you*.

**Stable** – any *medical condition* or related condition, including any heart condition or any lung condition, (whether or not the diagnosis has been determined) for which there have been:

- no new treatment, new medical management, or new prescribed medication; **and**
- no change in treatment, change in medical management, *change in medication*; **and**
- no new symptom or *finding*, more frequent symptom or *finding*, or more severe symptom or *finding* experienced; **and**
- no new test results or test results showing a deterioration; **and**
- no investigations or future investigations initiated or recommended for *your* symptoms; **and**
- no hospitalization or referral to a specialist (made or recommended).

**Start-up date** – under **any Multi-Trip ANNUAL Coverage**

if *you* are purchasing a Package Multi-Trip ANNUAL Plan, for Cancellation insurance coverage, the date *you* purchase *your* Multi-Trip ANNUAL coverage insurance, as stated on *your insurance application/confirmation of coverage*.

for *Emergency Medical, Trip Interruption, Baggage & Personal Effects, Flight and Travel Accident* insurance coverage, the date of *your insurance application/confirmation of coverage*; or the date *you* designate as the date of *your* departure on *your first trip* under this insurance, as entered on *your insurance application/confirmation of coverage*. This date cannot be more than 180 days from the date of *your insurance application/confirmation of coverage*. If *you* are purchasing TravelCare-HealthSelect, Gold, Silver Plus, Silver or Bronze Coverage, this date cannot be more the 120 days from the date of *your insurance application/confirmation of coverage*.

**Terrorism or act of terrorism** – an act, including but not limited to:

- the use of force or violence;
- the threat of the use of force or violence;
- hijacking; **or**
- kidnapping;

of an individual or group in order to intimidate or terrorize any:

- government;
- group;
- association; **or**
- the general public,

for

- religious;
- political; **or**
- ideological reasons or ends.

The *act of terrorism* does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

**Top-up** – the coverage *you* purchase from us:

- to add to *your* insurance beyond the duration covered under *your* Multi-Trip ANNUAL Coverage; **or**
- the Multi-Trip Annual Plan coverage *you* purchase from us is to compliment travel insurance included with your credit card coverage that is in effect for the initial portion of *your trip* duration and value.
- before *your* date of departure from *your departure point*, to complement coverage that is in effect through another source for a portion of *your trip* duration or value. Applicable to Classic Medical or TravelCare Medical Single trip coverage.

**Travelling companion** – the person who is sharing travel arrangements with *you*, to a maximum of three persons.

**Trip** – the period of time between leaving *your departure point* up to and including *your return date*.

**Vehicle** – a private passenger automobile, motorcycle, minivan, mobile home, camper truck or trailer home, which *you* use during *your trip* exclusively for the transportation of passengers other than for hire. It can be either owned by *you* or leased by *you* from a *commercial rental agency*.

**« We », « Us », « Our » and « RBC Insurance » refer to:**

• **RBC Insurance Company of Canada for:**

- *Emergency* Medical expenses, incurred by eligible enrolled persons while outside *your* Canadian province or territory of residence.
- Cancellation & Interruption expenses.
- Flight & Travel Accident expenses.
- Baggage & Personal Effects expenses in all territories and provinces in Canada except Quebec.

• **RBC General Insurance Company for:**

- Baggage & Personal Effects expenses in Quebec.
- Rental Car Physical Damage expenses.

**« You », « yourself » and « your » refer to:**

the person named as the insured on the *insurance application/confirmation of coverage* when the required insurance premium has been paid before the *effective date*.



## INTRODUCTION

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This Distribution Guide describes the features and benefits offered by the insurance product Travel Insurance, which is distributed by *your* travel agency. This Distribution Guide describes the coverages in a clear and simple language, to help *you* make an informed decision when it comes to selecting the most appropriate coverage, without the presence of an insurance advisor.

The Insurance Coverages can be purchased individually or in a package.

For any additional information on the Coverages, Exclusions and other general disposition of the Insurance, please refer to the RBC Insurance® policy. *You* can obtain a copy of the policy from *your* travel agency.

# I. DESCRIPTION OF PRODUCTS OFFERED

## Nature of Coverages

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The RBC Insurance coverages available are the following:

- *Emergency* Medical Insurance Coverage;
- Cancellation & Interruption Insurance Coverage;
- Flight and Travel Accident Insurance Coverage;
- Baggage & Personal Effects Insurance Coverage; **and**
- *Rental Car* Physical Damage Insurance Coverage.

These Coverages can be purchased individually or in a package.

The package Coverages available are:

- Deluxe Package (SINGLE TRIP and Multi-Trip ANNUAL options);
- TravelCare Package (SINGLE TRIP and Multi-Trip ANNUAL options);
- Travel Within Canada Package (SINGLE TRIP option);
- Non-Medical Package (SINGLE TRIP option).

The table below indicates the coverages included in each package:

The packages include the coverages identified by ✓						
	<i>Emergency</i> Medical  Page 19	Cancellation & Interruption  Page 32	Flight Accident  Page 47	Travel Accident  Page 47	Baggage & Personal Effects  Page 51	<i>Rental Car</i> Physical Damage  Page 55
Deluxe Package	✓	✓	✓	✓	✓	
TravelCare Package	✓	✓	✓	✓	✓	
Travel Within Canada Package	✓	✓	✓	✓	✓	
Non-Medical Package		✓	✓	✓	✓	

**The reimbursable amounts can vary** depending on the package *you* chose or if *you* chose individual insurance. For more information, please refer to the section “Package Coverages” on page 59 of this guide or to the section regarding each insurance included in the package.

The payments, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*.

**The interest is not covered by this Insurance if the payment of claim is delayed.**

The following section describes each coverage available.

## ■ **Emergency Medical Insurance Coverage**

The *Emergency Medical Insurance Coverage* covers the reasonable and customary medical expenses *you* incur for necessary medical care or surgery. The *emergency* must arise **after** *you* have left *your departure point*. The medical care or surgery must be necessary as part of the *emergency treatment* arising from a *medical condition*.

The Insurance **only covers expenses in excess** of those covered under:

- *your government health insurance plan*; **and**
- by any other insurance or benefit plan under which *you* are covered.

Many types of *Emergency Medical Insurance Coverages* are available based on *your age, your medical condition* and the length of *your trip*:

- Classic Medical (SINGLE TRIP and Multi-Trip ANNUAL options) coverages;
- TravelCare-HealthSelect (SINGLE TRIP and Multi-Trip ANNUAL options) coverages;
- TravelCare-Gold (SINGLE TRIP and Multi-Trip ANNUAL options) coverages;
- TravelCare-Silver Plus (SINGLE TRIP and Multi-Trip ANNUAL options) coverages;
- TravelCare-Silver (SINGLE TRIP and Multi-Trip ANNUAL options) coverages;
- TravelCare-Bronze (SINGLE TRIP and Multi-Trip ANNUAL options) coverages.

To find out which type of *Emergency Medical Insurance Coverage* applies to *your* situation, please refer to the section “Summary of Specific Features – *Emergency Medical Insurance Coverage*” of this guide.

## ■ **Cancellation & Interruption Insurance Coverage**

This coverage reimburses certain covered expenses if *you* must:

- cancel;
- interrupt; **or**
- delay

*your trip* due to one of the events listed in the section “Summary of Specific Features – Cancellation & Interruption Insurance Coverage” of this guide.

## ■ **Flight and Travel Accident Insurance Coverage**

This coverage pays a certain amount if *you* are victim of an *accidental bodily injury*, which causes:

- the *dismemberment*;
- the *loss of sight*;
- the complete and irrecoverable loss of hearing;
- the complete and irrecoverable loss of speech; **or**
- death.

## ■ **Baggage & Personal Effects Insurance Coverage**

This coverage covers:

- the loss of *your* baggage; **or**
- the damage to *your* baggage and personal effects

**that *you* use during *your* trip.**

## ■ **Rental Car Physical Damage Insurance Coverage**

This coverage covers *your* liability for the damage caused to a *rental car* while the *rental car* is under *your* care or under the care of any other authorized person.

<p><b><u>CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE</u></b></p>
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<p>This coverage covers <i>rental cars</i> for a maximum of <b>60 consecutive days</b>.</p>
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## Summary of Specific Features

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### ■ Persons Eligible for Insurance

The Insurance is offered to people going to Canadian travel agencies for their *trip* arrangements. It is valid only if the following conditions are met.

In this guide, *your age* refers to *your age* at the date of the signature of the *insurance application/confirmation of coverage*.

For **all coverages**, *you* are eligible if:

- *you* are a Canadian resident (applicable to *Emergency Medical Insurance* coverage);
- *you* purchase coverage through a Canadian travel agency appointed by RBC Insurance Company of Canada;
- *you* purchase coverage for the full duration of *your trip* (if *you* are purchasing a Package Coverage, or Baggage & Personal Effects Insurance); **and**
- *you* are covered under *your government health insurance plan* for the full duration of *your trip* (if *you* are purchasing a Package Coverage or an *Emergency Medical Coverage*).

In addition, for **all Packages and for the Cancellation & Interruption Insurance Coverage**, *you* are eligible if:

- *you* have purchased coverage for the full value of the non-refundable portion of *your* prepaid travel arrangements; **and**
- *you* have completed the *medical questionnaire* if **the non-refundable portion of your prepaid travel arrangements exceeds \$15,000**.

### **Package Coverages:**

a) **Deluxe Package**, *you must* be:

- under 75 years of age.

In addition to the SINGLE TRIP Coverage option, **Deluxe Multi-Trip ANNUAL PACKAGE** options are available as outlined under “Multi-Trip ANNUAL PACKAGE Coverage” under the “Insurance Coverage Options” section on page 16.

b) **TravelCare Package (TravelCare - HealthSelect Package, TravelCare - Gold Package, TravelCare - Silver Plus Package, TravelCare - Silver Package and TravelCare - Bronze Package)**, *you must* be:

- travelling for a maximum of 60 days and *you* are:
  - 75 years of age or older and have correctly completed the *medical questionnaire*; **or**
  - 75 years of age or older and under 85 years of age, *you* have chosen not to complete the *medical questionnaire* and purchased TravelCare - Bronze Package.

In addition to the SINGLE TRIP Coverage option, **TravelCare - HealthSelect ANNUAL PACKAGE, TravelCare - Gold ANNUAL PACKAGE, TravelCare - Silver Plus ANNUAL PACKAGE, TravelCare - Silver ANNUAL PACKAGE and TravelCare - Bronze ANNUAL PACKAGE** options are available as outlined under “Multi-Trip ANNUAL PACKAGE Coverage” under the “Insurance Coverage Options” section on page 16.

c) **Travel Within Canada Package**, *you must* be:

- travelling within Canada (for the entire duration of *your* trip), or if travelling within *your* province or territory of residence, *your trip* must be more than 500 km by car or 100 km by air, train or bus, from *your* home.
- purchase coverage for a maximum of 365 days.

d) **Non-Medical Package**,

- purchase coverage for a maximum of 365 days.

**Emergency Medical Coverages:**

e) **Classic Medical**, *you must*:

- purchase *your* coverage before *your effective date*; **and**
- at the time the coverage is purchased, be under 60 years of age.

In addition to the SINGLE TRIP Coverage option, **Classic Multi-Trip ANNUAL MEDICAL** options are available as outlined under “Multi-Trip ANNUAL MEDICAL Coverage” under the “Insurance Coverage Options” section on page 16.

f) **TravelCare – HealthSelect Medical**, *you must*:

- purchase *your* coverage before *your effective date*;
- have correctly completed the *medical questionnaire*; **and**
- at the time the coverage is purchased, be 60 years of age or older.

In addition to the SINGLE TRIP Coverage option, **TravelCare - HealthSelect Multi-Trip ANNUAL MEDICAL** options are available as outlined under “Multi-Trip ANNUAL MEDICAL Coverage” under the “Insurance Coverage Options” section on page 16.

g) **TravelCare – Gold Medical**, *you must*:

- purchase *your* coverage before *your effective date*;
- have correctly completed the *medical questionnaire*; **and**
- at the time the coverage is purchased, be 60 years of age or older.

In addition to the SINGLE TRIP Coverage option, **TravelCare - Gold Multi-Trip ANNUAL MEDICAL** options are available as outlined under “ANNUAL MEDICAL Coverage” under the “Insurance Coverage Options” section on page 16.

h) **TravelCare – Silver Plus Medical**, *you must*:

- purchase *your* coverage before *your effective date*; **and**
- at the time the coverage is purchased, be:
  - 60 years of age or older and have correctly completed the *medical questionnaire*; **or**
  - 60 years of age or older and under 75 years of age and travelling for a maximum of 15 days, and *you* have chosen not to complete the *medical questionnaire*.

In addition to the SINGLE TRIP Coverage option, **TravelCare - Silver Plus Multi-Trip ANNUAL MEDICAL** options are available as outlined under “ANNUAL MEDICAL Coverage” under the “Insurance Coverage Options” section on page 16.

i) **TravelCare – Silver Medical**, *you must*:

- purchase *your* coverage before *your effective date*;
- have correctly completed the *medical questionnaire*; **and**
- at the time the coverage is purchased, be 60 years of age or older.

In addition to the SINGLE TRIP Coverage option, **TravelCare - Silver Multi-Trip ANNUAL MEDICAL** options are available as outlined under “ANNUAL MEDICAL Coverage” under the “Insurance Coverage Options” section on page 16.

j) **TravelCare – Bronze Medical**, *you must*:

- purchase *your* coverage before *your effective date*;
- have correctly completed the *medical questionnaire*; **and**
- at the time the coverage is purchased, be 60 years of age or older.

In addition to the SINGLE TRIP Coverage option, **TravelCare - Bronze Multi-Trip ANNUAL MEDICAL** options are available as outlined under “ANNUAL MEDICAL Coverage” under the “Insurance Coverage Options” section on page 16.

**Other Coverages:**

k) **Cancellation & Interruption Insurance**, *you must* purchase *your* coverage before *your effective date*.

l) **Flight Accident Insurance**, *you must* purchase *your* coverage before *your effective date*.

m) **Baggage & Personal Effects Insurance**, *you must* purchase *your* coverage before *your effective date*.

n) **Rental Car Physical Damage Insurance**, *you must*:

- purchase *your* coverage before *your effective date*;
- be renting the *vehicle* for a maximum of 60 days; **and**
- book *your rental car* with the Travel Agent with whom *you* book *your trip*.

**CAUTION- EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

***Your insurance coverage is void if you fail to meet the eligibility conditions as outlined in this section. Our liability is limited to a refund of the premium paid.***

## ■ Insurance Coverage Options

### 1. SINGLE TRIP Coverage

The SINGLE TRIP Coverage option is available under all of *our* coverages, as defined in **paragraphs a) through n)** under “Persons Eligible for Insurance”.

#### **CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

**Coverage is limited to an eligible person who is travelling for a maximum of 183 days, unless otherwise stated.**

Under *Emergency* Medical Coverage, if *you* are travelling for more than 183 days and to a maximum of 365 days, *you* may purchase the SINGLE TRIP Coverage, or *top-up your* Multi-Trip ANNUAL MEDICAL Coverage, provided that *you* are covered under *your government health insurance plan* for the full duration of *your trip* and *you* are:

- under 40 years of age; **or**
- 40 years of age or older and under 75 years of age, *you* have correctly answered the questions in the *medical questionnaire*, and as a result of *your* answers to the *medical questionnaire*, it is determined that *you* are eligible to purchase coverage for *trips* beyond 183 days.

### 2. Multi-Trip ANNUAL PACKAGE Coverage

The Multi-Trip ANNUAL Package Coverage option is available under any of the following coverages, as defined in **paragraphs a) and b)** under “Persons Eligible for Insurance”, if *you* are:

- under 60 years of age and purchased Deluxe ANNUAL PACKAGE Coverage; **or**
- 60 years of age or older, have correctly completed the *medical questionnaire* and purchased TravelCare - HealthSelect Multi-Trip ANNUAL PACKAGE, TravelCare - Gold Multi-Trip ANNUAL PACKAGE, TravelCare - Silver Plus Multi-Trip ANNUAL PACKAGE, TravelCare - Silver Multi-Trip ANNUAL PACKAGE, or TravelCare - Bronze Multi-Trip ANNUAL PACKAGE.

Coverage is limited to an eligible person who is travelling for any number of *trips* for a maximum of:

- 9 consecutive days if *you* have purchased the 9-Day option; **or**
- 16 consecutive days if *you* have purchased the 16-Day option; **or**
- 30 consecutive days if *you* have purchased the 30-Day option (available only to persons under 80 years of age).

The consecutive days include *your* date of departure from, and *return date to, your departure point*. If *you* are travelling for more than:

- 9 consecutive days under the 9-Day option, **or**
- 16 consecutive days under the 16-Day option, **or**
- 30 consecutive days under the 30-Day option,

*you* must *top-up* this coverage as outlined under “What if *you* want to *top-up your* coverage?” in the policy booklet.

**CAUTION – EXCLUSIONS, RESTRICTIONS OR REDUCTIONS IN COVERAGE**

**If you do not top-up this coverage for a trip that is longer than your 9-Day, 16-Day or 30-Day option, you will not have coverage for any claim incurred outside of your period of insurance during that trip.**

**3. Multi-Trip ANNUAL MEDICAL Coverage**

The Multi-Trip ANNUAL Medical Coverage option is available under any of the following coverages, as defined in **paragraphs e) through j)** above, under “Persons Eligible for Insurance”, if *you* are:

- under 60 years of age and purchased Classic Multi-Trip ANNUAL MEDICAL; **or**
- 60 years of age or older, have correctly completed the *medical questionnaire* and purchased TravelCare - HealthSelect Multi-Trip ANNUAL MEDICAL, TravelCare – Gold Multi-Trip ANNUAL MEDICAL, TravelCare - Silver Plus Multi-Trip ANNUAL MEDICAL, TravelCare - Silver Multi-Trip ANNUAL MEDICAL, or TravelCare – Bronze Multi-Trip ANNUAL MEDICAL.

While you travel outside Canada

Coverage is limited to an eligible person who is travelling outside of Canada for any number of trips for a maximum of:

- 9 consecutive days outside of Canada if *you* have purchased the 9-Day option; **or**
- 16 consecutive days outside of Canada if *you* have purchased the 16-Day option; **or**
- 30 consecutive days outside of Canada if *you* have purchased the 30-Day option (available to persons under 80 years of age only); **or**
- 60 consecutive days outside of Canada if *you* have purchased the 60-Day option (available to persons under 80 years of age only).

In addition, if *you* are covered under the Multi-Trip ANNUAL Coverage, the consecutive days for travel outside of Canada include *your* date of departure from Canada and the date *you* return to Canada. If *you* are travelling for more than:

- 9 consecutive days under the 9-Day option, **or**
- 16 consecutive days under the 16-Day option, **or**
- 30 consecutive days under the 30-Day option, **or**
- 60 consecutive days under the 60-Day option,

*you* must top-up this coverage as outlined under “What if *you* want to top-up your coverage?” in the policy booklet.

**CAUTION – EXCLUSIONS, RESTRICTIONS OR REDUCTIONS IN COVERAGE**

**If you do not top-up this coverage for a trip that is longer than your 9-Day, 16-Day or 30-Day option, you will not have coverage for any claim incurred outside of your period of insurance during that trip.**

While you travel within Canada

Coverage is limited to an eligible person and provides coverage for unlimited travel while travelling within Canada but outside *your* province or territory of residence.

## ■ **Effective Date of Insurance Coverage**

The *effective date* of *your* coverage varies depending on the type of coverage, as described below:

### a) **Emergency Medical Insurance Coverage, Travel Accident Insurance Coverage and Baggage & Personal Effects Insurance Coverage**

*Your effective date* is the date on which *you* are scheduled to leave *your departure point*. Under all coverages except any Multi-Trip ANNUAL Coverage, *your effective date* is shown on *your insurance application/confirmation of coverage*.

In the case of TravelCare - HealthSelect, Gold, Silver Plus, Silver and Bronze coverages, or *your start-up date* for any Multi-Trip ANNUAL Coverage, this date cannot be more than **120 days** from the date of *your insurance application/confirmation of coverage*.

### b) **Cancellation & Interruption Insurance Coverage:**

*Your effective date* under all SINGLE TRIP Coverages is the date and time the required premium is paid, as shown on *your insurance application/confirmation of coverage*.

*Your effective date* under all Multi-Trip ANNUAL Package Coverages is subsequent to *your start-up date* and is the date and time *you* purchased *your* prepaid travel arrangements and before any cancellation penalties are in effect.

### c) **Flight Accident Insurance Coverage:**

*Your effective date* is the date and time shown on *your* transportation ticket.

*Your effective date* under all Multi-Trip ANNUAL Package Coverages is subsequent to *your start-up date* and is the date and time shown on *your* transportation ticket.

### d) **Rental Car Physical Damage Insurance Coverage:**

*Your effective date* is the date on which *you* are scheduled to take possession of *your rental car*, as shown on *your insurance application/confirmation of coverage*.

### e) **Top-up Insurance Coverage:**

*Your effective date* is:

- 12:01 a.m. on the day following the date of expiry of *your* prior coverage; **or**
- if *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your effective date* is set out in points a) through c) above, based on the coverage *you* purchase as *top-up*.

The following sections describe in detail the coverages available.

## **Emergency Medical Insurance Coverage**

The *Emergency* Medical Insurance Coverage applies if *you* have purchased one of the following coverages:

- Deluxe Package coverages;
- Travel Within Canada Package;
- TravelCare - HealthSelect Package coverages;
- TravelCare - Gold Package coverages;
- TravelCare - Silver Plus Package coverages;
- TravelCare - Silver Package coverages;
- TravelCare - Bronze Package coverages.
- Classic Medical coverages;
- TravelCare - HealthSelect Medical coverages;
- TravelCare - Gold Medical coverages;
- TravelCare - Silver Plus Medical coverages;
- TravelCare - Silver Medical coverages;
- TravelCare - Bronze Medical coverages;

An *infant* is covered under *our* **Classic Medical Coverage**, and *we* will not charge a premium for his/her coverage if he/she is travelling with an *immediate family* member covered under **Deluxe Package, TravelCare Package, or Travel Within Canada Package.**

### **What must *you* do in a medical *emergency*?**

***You must contact Assured Assistance Inc. if you require medical treatment during your trip, or for any other emergency, before seeking emergency treatment, at one of the following numbers:***

Toll-free call from the USA or Canada: ..... 1 800 387-2487  
Toll-free call from Mexico: ..... 001 800 514-1890  
Collect call from anywhere: ..... (905) 816-2561  
Toll-free fax from the USA or Canada: ..... 1 888 298-6340  
Fax: ..... (905) 813-4719

If *your medical condition* prevents *you* from calling Assured Assistance Inc. before receiving *emergency treatment*, *you* must contact Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (family member, friend, *hospital*, personnel member from the doctor's office, etc.) may call on *your* behalf.

All surgery and heart procedures must be approved in advance by the medical advisors of Assured Assistance Inc. When *you* contact Assured Assistance Inc., they will refer *you* or may transfer *you*, when medically appropriate, to one of the accredited medical service providers within the *network*.

Assured Assistance Inc. will also request for the medical service provider within the *network* to bill the medical expenses covered under this Insurance directly to *us* instead of billing *you*.

**If *you* do not call Assured Assistance Inc., benefits could be reduced.**

## **What are the benefits?**

This Insurance covers the reasonable and customary medical expenses *you* incur once *you* have left *your departure point*. The medical care or surgery must be necessary, as part of the *emergency treatment* arising from a *medical condition*. This Insurance only covers expenses in excess of those covered under:

- *your government health insurance plan*: **and**
- any other insurance or benefit plan under which *you* are covered.

The items a) to o) below explain what expenses are covered and under which circumstances.

### **a) Unlimited Emergency Medical Expenses**

This Insurance covers certain expenses when:

- they are **necessary** as part of an *emergency treatment*; **and**
- they are ordered by a licensed *physician* during *your trip*.

Covered expenses are the following:

- *emergency treatment*, other than dental treatment;
- the services of a licensed private duty nurse while *you* are hospitalized;
- the lesser of the rental or purchase of a hospital-like bed, a wheelchair, braces, crutches and other medical appliances;
- diagnostic testing, when pre-authorized by Assured Assistance Inc.; **and**
- *prescription drugs*.

### **b) Hospital allowance**

This Insurance covers *your* reimbursement **up to \$50 per day to a maximum of \$500**, for *your* incidental *hospital* expenses (telephone calls, television rental), while *you* are hospitalized for at least 48 hours.

### **c) Other emergency services**

This Insurance covers expenses for *emergency treatment* given by a licensed:

- physiotherapist;
- chiropractor;
- chiropodist;
- podiatrist; **or**
- osteopath

to a maximum of **\$300 per profession**.



**d) Ground Ambulance**

This Insurance covers *you* for local ground ambulance to:

- a *hospital*;
- a *physician's* office; **or**
- a medical service provider

in an *emergency*.

We will pay for local taxi fare **in lieu of local ground ambulance service**, where an ambulance is medically required **but not available**.

**e) Repatriation of *your* remains**

If, during *your trip*, *you* die from a *medical condition* covered under this Insurance, the Insurance covers the expenses for **one the following**:

- the transportation of *your* remains to *your* province or territory of residence; **and**
- the preparation of *your* remains and the standard transportation container **up to a maximum of \$5,000**;

**OR**

- the transportation of *your* remains to *your* province or territory of residence; **and**
- the cremation of *your* remains at the location where *your* death occurred, **up to a maximum of \$5,000**;

**OR**

- the preparation of *your* remains and the cost of a standard burial container **up to a maximum of \$5,000**; **and**
- the burial of *your* remains at the location where *your* death occurred **up to a maximum of \$5,000**.

If someone is legally required to identify *your* remains, this Insurance covers:

- the cost of a return economy air fare on a commercial flight via the most cost effective route; **and**
- commercial accommodations and meals for that person, **up to a maximum of \$500**.

That person is covered under the terms of *your* insurance during the period in which he/she is required to identify *your* remains, **up to a maximum of 3 business days**.

**f) Return to *your* province or territory of residence**

This Insurance covers certain expenses if:

- the *physician* treating *you* recommends to *us* in writing that *you* return to *your* province or territory of residence because of *your medical condition* in order to receive *emergency medical attention*, **or**
- the medical advisors of Assured Assistance Inc. determine that *you* are able to and recommend that *you* return to *your* province or territory of residence following *your emergency treatment*.

This Insurance covers these expenses **only** when:

- these expenses are pre-authorized by Assured Assistance Inc. **before** they are incurred; **and**
- these expenses are arranged by Assured Assistance Inc., when medically necessary.

The expenses incurred in **one of the following situations** are covered:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route to *your* province or territory of residence to receive immediate *emergency* medical attention;

**OR**

- the cost of a stretcher fare on a commercial flight via the most cost effective route to *your* province or territory of residence, if a stretcher is medically necessary;
- the cost of a return economy air fare on a commercial flight for a qualified medical attendant; **and**
- the usual fees and expenses required by such an attendant.

The presence of the attendant must be **medically necessary** or **required by the airline**.

**OR**

- the cost of air ambulance transportation if it is medically essential.

**g) Return to your trip destination**

- This Insurance covers *you* for a one-way economy air fare on a commercial flight via the most cost effective route to *your* scheduled *trip* destination after *you* are returned to *your* province or territory of residence to receive immediate medical attention, provided *your* attending *physician* determines that *you* require no further medical attention for *your* *medical condition*. *Your trip* to return to *your* scheduled *trip* destination, must occur during *your period of insurance* originally provided by this benefit.
- This benefit is subject to the pre-authorization of Assured Assistance Inc.
- This benefit can only be used once during *your trip*.
- Once *you* return to *your trip* destination, a recurrence of the initial *medical condition* or related condition will not be covered under this policy.
- When this benefit is provided to *you*, *your effective date* under this policy becomes the day *you* leave *your* province or territory of residence to return to *your trip* destination.

**h) Subsistence allowance**

This Insurance covers *your* reimbursement for certain essential expenses if, upon *physician's* advice:

- *you*, or *your travelling companion*, are relocated to receive medical attention; **or**
- *you* are delayed beyond *your return date* in order to receive *emergency treatment* or because *your travelling companion* requires *emergency treatment*

for an *emergency medical condition* covered under this Insurance. The expenses covered are the following:

- *your* commercial accommodations and meals;
- essential telephone calls;
- internet usage fees; **and**
- taxi fares (or car rental in lieu of taxi fares).

The covered expenses are reimbursed **up to a maximum amount as indicated in the following table:**

	<b>Amount per day</b>	<b>Total Amount</b>
Deluxe Package TravelCare Package Travel Within Canada Package	\$350/ day	\$3,500
Any other <i>Emergency Medical Insurance Coverage</i>	\$175 / day	\$1,750

**This benefit is subject to the pre-authorization of Assured Assistance Inc.**

**i) Bedside companion's travel to your bedside**

If:

- *you* are travelling alone;
- *you* are hospitalized during *your trip*; **and**
- a *bedside companion* is required;

this Insurance covers:

- the cost of a return economy air fare for *your bedside companion* on a commercial flight via the most cost effective route;
- the cost of commercial accommodations and meals for *your bedside companion* **up to a maximum of \$500**; **and**
- *your bedside companion* is insured under the terms of *your* insurance during the period in which this person is required as *your bedside companion*.

If:

- *you* are **under age 21 and dependant on your bedside companion for support**; **or**
- *you* are **over age 20 and physically or mentally handicapped**

this Insurance provides this benefit to *you* **as soon as you are admitted to a hospital.**

**This benefit is subject to the pre-authorization of Assured Assistance Inc.**

**j) Emergency dental treatment**

This Insurance covers certain dental expenses when:

- they are required as part of an *emergency treatment*;
- they are ordered by or received from a licensed dentist.

If *you* need dental treatment to repair or replace *your* natural or permanently attached artificial teeth because of an **accidental blow to *your* face**, *you* are covered for:

- the *emergency* dental expenses *you* incur during *your trip*; **and**
- **up to a maximum of \$1,500** to continue necessary treatment after *your* return to Canada. However, this treatment must be completed **within 180 days** after the accident.

If *you* need other *emergency* dental treatment, *you* are covered for the *emergency* dental expenses *you* incur during *your trip*, **up to a maximum of \$300, and** the complete cost of *prescription drugs*.

**k) Return of vehicle**

This Insurance covers the reasonable costs for a commercial agency to return the *vehicle*:

- to *your* residence; **or**
- to a *commercial rental agency*

if, as a result of a medical *emergency* during *your trip*, *you* are unable to return a *vehicle* to its point of origin.

**This benefit is subject to the pre-authorization of Assured Assistance Inc.**

**l) Return of children and escort for children to their province or territory of residence**

This Insurance covers certain expenses relating to *children* covered under one of *our Emergency Medical Insurance Coverages*, if *children*;

- travel with *you*; **or**
- join *you* during *your trip*.

*You* must:

- be hospitalized for **more than 24 hours**; **or**
- *you* must return to Canada

because of *your emergency medical condition* covered under this Insurance.

This Insurance covers:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route for the return of those *children* to their province or territory of residence; **and**
- the cost of a return economy air fare on a commercial flight via the most cost effective route for an escort, if the airline requires that the *children* be escorted.

**m) Return of travelling companion**

- If *you* are travelling with a *travelling companion*, this Insurance covers one *travelling companion* for the extra cost of a one-way economy air fare via the most cost effective route to *your* province or territory of residence, if *you* must return to Canada to receive immediate medical attention because of a *medical condition* covered under this Insurance. This air fare must be on a commercial flight.
- **This benefit is subject to the pre-authorization of Assured Assistance Inc.**

**n) Return of *your* dog or cat**

- If *your* domestic dog(s) or cat(s) travel with *you* during *your trip* and *you* must return to Canada because of *your emergency medical condition* covered under this Insurance, this Insurance covers the cost of one-way transportation **up to a maximum of \$500**, to return *your* domestic dog(s) or cat(s) to *your* province or territory of residence .
- **This benefit is subject to the pre-authorization of Assured Assistance Inc.**

**o) Return of *your* excess baggage**

- If *you* return to *your* province or territory of residence by air ambulance (pre-authorized by Assured Assistance Inc.) because of *your emergency medical condition*, this Insurance covers the cost to return *your* excess baggage **up to a maximum of \$500**.
- **This benefit is subject to the pre-authorization of Assured Assistance Inc.**

**p) Domestic Services**

- If *you* return to *your* province or territory of residence by air ambulance (pre-authorized by Assured Assistance Inc.) because of *your emergency medical condition*, and *your medical condition* restricts *your* ability to perform domestic services, this insurance covers the cost of reasonable domestic services provided by a registered domestic service business up to a maximum of \$250. Benefit must be used within 30 days of *your* return to *your* province or territory of residence. Note: this benefit is applicable to *your* primary residence.
- **This benefit is subject to the pre-authorization of Assured Assistance Inc.**

**Deductible**

The table below indicates the *deductible* that *you* will have to pay based on the type of *Emergency Medical Insurance Coverage* *you* have:

<b>Type of Insurance</b>	<b>Deductible</b>
Deluxe Package TravelCare Package Travel Within Canada Package	\$0
Classic Medical coverages	\$0
TravelCare - HealthSelect Medical coverage TravelCare - Gold Medical coverage TravelCare - Silver Medical coverage TravelCare - Silver Plus Medical coverage	Options of: • \$0; • \$200 USD; <b>or</b> • \$500 USD.
TravelCare – Bronze Medical coverage	\$200 USD

The total amount of incurred expenses covered by this Insurance and in excess of the expenses covered by *your government health insurance plan* will be reduced by the *deductible*. *You* will be responsible to pay *your deductible* directly to us.

## **Personal Information**

By paying the premium for this Insurance, *you* agree that *we* and Assured Assistance Inc. have *your* authorization:

- to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;
- for *physicians, hospitals* and other medical providers to provide to *us* and Assured Assistance Inc. any and all information they have regarding *you*, while under observation or treatment, including:
  - *your* medical history,
  - diagnoses,
  - test results;
- to the disclosure of the information above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.

**Exclusions, limitations or reduction in Coverage applicable to the  
Emergency Medical Insurance Coverage**

**CAUTION**

**a) Exclusions related to a Pre-Existing Medical Condition:**

This Insurance does not cover any expenses incurred directly or indirectly as a result of certain pre-existing conditions. This exclusion varies according to the type of insurance *you* have chosen. The table below indicates which exclusions are applicable to each type of insurance. The description of each exclusion can be found after the table.

<b>If <i>you</i> are covered under:</b>	<b>If <i>you</i> are under age 60</b>	<b>If <i>you</i> are age 60 or older and under age 75</b>	<b>If <i>you</i> are age 75 or older</b>
<b>Deluxe Package coverages</b>	Exclusion 1	Exclusion 1	Coverage Unavailable
<b>Travel Within Canada</b>			Exclusion 1
<b>Classic Medical coverages</b>		Coverage Unavailable	
<b>TravelCare – HealthSelect coverages *</b>	Coverage Unavailable	No Pre-existing Medical Exclusion applies	
<b>TravelCare - Gold coverages *</b>		Exclusion 1	
<b>TravelCare - Silver Plus coverages *</b>		Exclusion 2	
<b>TravelCare - Silver coverages *</b>		Exclusion 3	
<b>TravelCare - Bronze coverages*</b>		Exclusion 3	
<b>Deluxe Multi-Trip ANNUAL Package</b>	Exclusion 1	Coverage Unavailable	

\* Please note that under all TravelCare Package coverages, the SINGLE TRIP option is available for ages 75 and older.

**Exclusion 1:**

This Insurance does not pay for any expenses incurred directly or indirectly as a result of any *medical condition*, any heart condition and/or any lung condition or any related condition (whether or not the diagnosis has been determined) if:

- *your medical condition* or related condition (whether or not the diagnosis has been determined) has not been *stable*;
- *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain;
- *you* have been treated with home oxygen;  or
- taken oral steroids for any lung condition

at any time in the 90 days before *you* depart for *your trip*.

## CAUTION (continued)

### Exclusion 2:

This Insurance does not pay for any expenses incurred directly or indirectly as a result of any *medical condition*, any heart condition and/or any lung condition or any related condition (whether or not the diagnosis has been determined) if:

- *your medical condition* or related condition (whether or not the diagnosis has been determined) has not been *stable*;
- you have taken nitroglycerin more than once per week specifically for the relief of angina pain;
- you have been treated with home oxygen;  or
- taken oral steroids for any lung condition

at any time in the 180 days before you depart for *your trip*.

### Exclusion 3:

Regardless whether a *medical condition* has been *stable* or has not been *stable*, this Insurance does not pay for any expenses incurred directly or indirectly as a result of all *medical conditions*, any heart condition and/or any lung condition or any related condition (whether or not the diagnosis has been determined) if at any time in the 180 days before you depart on *your trip*:

- you have taken medication;
- you have been prescribed medication;
- you have been treated;
- you have experienced a deterioration;  or
- you have sought medical treatment

for *your medical conditions* or related condition.

- b) You will be responsible for 30% of your medical expenses covered under this Insurance and in excess of *your medical expenses* paid by *your government health insurance plan* if:

- you do not contact Assured Assistance Inc. at the time of *your medical emergency*,  or
- you choose to receive treatment from a medical service provider outside the *network*.

If *your medical condition* prevents you from calling Assured Assistance Inc. before seeking *emergency treatment*, you must call Assured Assistance Inc. as soon as medically possible. As an alternative, someone else (family member, friend, *hospital* or *physician's office staff*, etc.) may call on *your* behalf.

- c) This Insurance is subject to a maximum of \$20,000 if you do not have valid *government health insurance plan* coverage at the time of claim.



## CAUTION (continued)

### d) Terrorism:

Where an *act of terrorism* directly or indirectly causes a loss, the benefits payable in are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by, but not limited to:

- airlines;
- tour operators;
- cruise lines;
- other travel suppliers and other insurance coverage

even where such other coverage is described as excess.

Benefits payable will be paid only after *you* have exhausted all such other sources.

### e) General exclusions:

In addition to the exclusions a) to d) outlined above, this Insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- any *medical condition* if any answer provided in *your medical questionnaire* is incorrect. In this case, the policy is void and the premium paid is refundable at *our* option;
- the continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* of that condition during *your trip*. This exclusion is applicable if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* are medically able to return to *your home country* and *you* chose not to return;
- the treatment of any heart or lung condition, following *emergency treatment* for a related or unrelated heart or lung condition during *your trip*. This exclusion is applicable if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* were medically able to return to *your home country* and *you* chose not to return;
- *your intentional self-inflicted injury, suicide or attempt to commit suicide, whether sane or insane;*
- *your commission of a criminal act or your direct or indirect attempt to commit a criminal act;*
- any *medical condition* arising from, or in any way related to, *your chronic use of alcohol or drugs* whether prior to or during *your trip*;
- *your abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment* whether prior to or during *your trip*;
- *your mental or emotional disorders;*
- any treatment that is not *emergency treatment*;

## CAUTION (CONTINUED)

- *your* participation as a *professional* athlete in a sporting event, including training or practice for the same;
- *your* participation in rock climbing or *mountain climbing*;
- *your* participation in a motorized race or motorized speed contest including training or practice for the same;
- any *medical condition* if *you* undertake *your trip* with the prior knowledge that *you* will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the *medical condition*;
- a *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your effective date*;
- a *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*;
- routine pre-natal care or a child born during *your trip*;
- in the **9 weeks before or after the expected date of delivery**, complications of pregnancy and/or childbirth;
- symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the **90 days** before *your effective date*;
- treatment or surgery for a specific condition, or a related condition, which:
  - a) had caused *your physician* to advise *you* not to travel;
  - b) *you* contracted in a country during *your trip* when a written formal travel warning was issued advising Canadians not to travel to that country, region or city. This notice must have been issued in writing, before *your effective date*, by the Department of Foreign Affairs and International Trades of the Canadian government;
- any portion of the benefits that require prior authorization and arrangement by Assured Assistance Inc. if such benefits were not pre-authorized and arranged by Assured Assistance Inc.;
- any *medical condition*, if the medical advisors of Assured Assistance Inc. recommend that *you* return to *your* country of residence following *your emergency treatment*, and *you* chose not to return;
- war (declared or not), act of foreign enemies or rebellion;
- ionising radiation or radioactive *contamination* from:
  - any nuclear fuel or waste which results from the burning of nuclear fuels,
  - the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
- any *medical condition* which first appeared, was diagnosed or received *emergency medical treatment* prior to the effective date of the insurance extension if the extension was purchased after the contracted date of departure.

### CAUTION (CONTINUED)

- any portion of benefits up to the amount of *your deductible* per covered claim, if *you* have chosen a *deductible* option. *You* will be responsible for the *deductible* for each claim, and *we* will apply this *deductible* to any claim covered under this Insurance in excess of *your government health insurance plan* coverage.

f) **If *you*:**

- are retired and *your* former employer provides *you* with an extended health insurance plan;  **or**
- are actively employed and *your* current employer provides *you* with a group health insurance plan;

*we*:

- will not coordinate payment with such coverage if lifetime maximum coverage is \$50,000 or less;
- will coordinate payment with such coverage only in excess of \$50,000 if lifetime maximum coverage is more than \$50,000.

- g) The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.
- h) The total amount paid to *you* cannot exceed the actual expense which *you* have incurred if *you* are insured under more than one of *our* policies.
- i) The maximum *you* are entitled to is the largest amount specified for the benefit in any one policy if *you* are insured under more than one of *our* policies.

**This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this Insurance.**

## ■ Cancellation & Interruption Insurance Coverage

Certain expenses are reimbursed by this Insurance when *you* must cancel or interrupt *your trip* due to a covered risk.

The Cancellation & Interruption Insurance Coverage applies if *you* have purchased one of the following coverages:

- Deluxe Package coverages;
- Travel Within Canada Package;
- TravelCare – HealthSelect Package coverages
- TravelCare – Gold Package coverages
- TravelCare – Silver Plus Package coverages
- TravelCare – Silver Package coverages
- TravelCare – Bronze Package coverages
- Non-Medical Package;
- Cancellation & Interruption Insurance.

### Coverage Summary

- **Trip Cancellation**- when an insured risk causes *you* to cancel *your trip* **before** leaving *your departure point*.
- **Trip Interruption**- when an insured risk occurs **during** *your trip* which causes the delay of *your departure* from *your departure point*; or when an insured risk occurs **during** *your trip* which causes an early return back to *your departure point*.
- **Delayed Return** - when an insured risk occurs **during** *your trip* and results in *you* being delayed beyond *your* scheduled *return date* from returning to *your departure point*.

The events for which expenses are reimbursed include:

- a medical *emergency*;
- a pregnancy or an adoption;
- a death;
- government advisory or non-issuance of a visa;
- a change in *your* employment situation;
- a delay or a *schedule change* of *your* carrier; **and**
- certain other risks as indicated in the tables found from pages 32 to 37.

The table of the following pages details each insured risk covered by this coverage. The covered benefits applicable to each risk are represented by a letter in the column corresponding to the coverage. The description of each benefit will be found at the end of the table.

## Covered Risks

		What are <i>you</i> eligible for?		
		Trip Cancellation	Trip Interruption	Delayed Return
<b>Medical Condition</b>				
1	Your emergency medical condition.	A	C, D and J, or C, E and J, or C, F and J	E, L & Q
2	The admission to a <i>hospital</i> of: <ul style="list-style-type: none"> <li>• a member of <i>your immediate family</i> who is not at <i>your</i> destination;</li> <li>• <i>your</i> business partner;</li> <li>• a <i>key employee</i>;</li> <li>• a <i>caregiver</i>;</li> </ul> following an <i>emergency</i> .	A	C, E, J and HolidaySure Plan® coupon	not applicable
3	The <i>emergency medical condition</i> of: <ul style="list-style-type: none"> <li>• a member of <i>your immediate family</i> who is not at <i>your</i> destination;</li> <li>• <i>your</i> business partner;</li> <li>• a <i>key employee</i>;</li> <li>• a <i>caregiver</i>.</li> </ul>	A	C, E and J	not applicable
4	The admission to a <i>hospital</i> of <i>your</i> host at destination, following an <i>emergency medical condition</i> .	A	C, E and J	not applicable
5	The <i>emergency medical condition</i> of <i>your travelling companion</i> .	A or B	C, D and J, or C, E and J, or C, F and J	E, L Q
6	The <i>emergency medical condition</i> of: <ul style="list-style-type: none"> <li>• <i>your travelling companion's immediate family</i> member;</li> <li>• business partner;</li> <li>• <i>key employee</i>;</li> <li>• <i>caregiver</i>.</li> </ul>	A or B	C, E and J	not applicable
7	The <i>emergency medical condition</i> of <i>your immediate family</i> member who is at <i>your</i> destination.	A	C, E and J	E, L & Q
<b>Pregnancy and adoption</b>				
8	Complications of a pregnancy arising in the first 31 weeks of pregnancy involving <i>you</i> , or a member of <i>your immediate family</i> . Note: the confirmation of a multiple pregnancy/or the confirmation of a pregnancy as a result of fertility treatment are not considered complications of pregnancy.	A	C, E and J	E, L & Q

		What are <i>you</i> eligible for?		
		<i>Trip</i> Cancellation	<i>Trip</i> Interruption	Delayed Return
<b>Pregnancy and adoption (cont'd)</b>				
9	Complications of a pregnancy arising in the first 31 weeks of pregnancy involving <i>your travelling companion</i> , or a member of <i>immediate family</i> of <i>your travelling companion</i> or <i>travelling companion's spouse</i> . Note: the confirmation of a multiple pregnancy/or the confirmation of a pregnancy as a result of fertility treatment are not considered complications of pregnancy.	A or B	C, E and J	E, L and Q
10	<i>Your</i> or <i>your spouse's</i> pregnancy being confirmed after <i>your effective date</i> , if <i>your departure from your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A	not applicable	not applicable
11	<i>Your travelling companion's</i> or <i>your travelling companion's spouse's</i> pregnancy being confirmed after <i>your effective date</i> , if <i>your departure from your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A or B	not applicable	not applicable
12	The legal adoption of a child by <i>you</i> , when the actual date of that adoption is scheduled to take place after <i>your effective date</i> and prior to, or during <i>your trip</i> .	A	C, E and J	not applicable
13	The legal adoption of a child by <i>your travelling companion</i> , when the actual date of that adoption is scheduled to take place after <i>your effective date</i> and prior to, or during <i>your trip</i> .	A or B	C, E and J	not applicable
<b>Death</b>				
14	<i>Your</i> death.	A	C and M, or C and N, or C and O	M, or N, or O and Q
15	Death of: <ul style="list-style-type: none"> <li><i>your immediate family</i> member who is not at <i>your destination</i>;</li> <li><i>your friend</i> who is not at <i>your destination</i>;</li> <li><i>your business partner</i>;</li> <li>a <i>key employee</i>;</li> <li>a <i>caregiver</i>.</li> </ul>	A	C, E, J and HolidaySure Plan® coupon	not applicable
16	The death of <i>your travelling companion</i> .	A or B	C, E and J	E, L and Q
17	Death of: <ul style="list-style-type: none"> <li><i>your travelling companion's immediate family</i> member;</li> <li>business partner;</li> <li><i>key employee</i>;</li> <li><i>caregiver</i>.</li> </ul>	A or B	C, E and J	not applicable
18	The death of <i>your host</i> at destination, following an <i>emergency medical condition</i> .	A	C, E and J	not applicable
19	The death of <i>your immediate family</i> member or friend, who is at <i>your destination</i> .	A	C, E and J	E, L and Q

		What are <i>you</i> eligible for?		
		<i>Trip Cancellation</i>	<i>Trip Interruption</i>	<i>Delayed Return</i>
<b>Government advisories and visas</b>				
20	A written formal travel warning issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of <i>your</i> insurance. The travel warning must advise Canadians not to travel to a country, region or city during a period that includes <i>your trip</i> if <i>you</i> had a ticket for this destination.	A	C, E and J, or C, F and J	not applicable
21	The non-issuance of <i>your</i> travel visa (not an immigration or employment visa) or the rejection of <i>your</i> travel visa application (not an immigration or employment visa) <b>for reasons beyond <i>your</i> control.</b>	A	not applicable	not applicable
22	The non-issuance of <i>your travelling companion's</i> travel visa (not an immigration or employment visa) or the rejection of <i>your travelling companion's</i> travel visa application, (not an immigration or employment visa) <b>for reasons beyond <i>your travelling companion's</i> control.</b>	A or B	not applicable	not applicable
<b>Employment and occupation</b>				
23	A transfer by the employer with whom <i>you</i> or <i>your spouse</i> is employed on <i>your effective date</i> , <b>which requires the relocation of <i>your</i> principal residence.</b>	A	C, E and J	not applicable
24	A transfer by the employer with whom <i>your travelling companion</i> is employed on <i>your effective date</i> , <b>which requires the relocation of his/her principal residence.</b>	A or B	C, E and J	not applicable
25	The <b>involuntary</b> loss of <i>your</i> or <i>your spouse's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A	C, E and J	not applicable
26	The <b>involuntary</b> loss of <i>your travelling companion's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A or B	C, E and J	not applicable
27	Cancellation of <i>your</i> or <i>your travelling companion's business meeting</i> <b>beyond <i>your</i> or <i>your employer's</i> control or <i>your travelling companion's</i> or <i>your travelling companion's employer's</i> control.</b>	A	C, E and J	not applicable
28	<i>Your</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A	C, E and J	not applicable
29	<i>Your travelling companion</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A or B	C, E and J	not applicable

		What are <i>you</i> eligible for?		
		<i>Trip</i> Cancellation	<i>Trip</i> Interruption	Delayed Return
<b>Delays and schedule change</b>				
30	Delay of <i>your</i> scheduled carrier, <b>due to weather conditions, earthquakes or volcanic eruptions</b> for a period of <b>at least 30%</b> of the <i>trip</i> , when <b><u>you choose not to continue</u></b> with <i>your</i> travel arrangements.	A	C, E and J	not applicable
31	Delay of <i>your travelling companion's</i> scheduled carrier, <b>due to weather conditions, earthquakes or volcanic eruptions</b> for a period of <b>at least 30%</b> of the <i>trip</i> , when <b><u>you choose not to continue</u></b> with <i>your</i> travel arrangements.	A	C, E and J	not applicable
32	Delay of <i>your travelling companion's</i> scheduled carrier, <b>due to weather conditions, earthquakes or volcanic eruptions</b> for a period of <b>at least 30%</b> of the <i>trip</i> , when <b><u>you choose to continue</u></b> with <i>your</i> travel arrangements.	B	B	not applicable
33	Delay of a private automobile resulting from: <ul style="list-style-type: none"> <li>• the mechanical failure of that automobile;</li> <li>• weather conditions, earthquakes or volcanic eruptions;</li> <li>• a traffic accident;</li> <li>• an emergency police-directed road closure</li> </ul> causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements. The automobile must have been scheduled to arrive at the point of departure at least <b>2 hours before the scheduled time of departure</b> .	not applicable	C, F and J	E, J and Q
34	Delay of <i>your</i> connecting carrier ( <i>passenger plane, ferry, cruise ship, bus, limousine, taxi or train</i> ), resulting from: <ul style="list-style-type: none"> <li>• the mechanical failure of that carrier;</li> <li>• weather conditions, earthquakes or volcanic eruptions;</li> <li>• a traffic accident;</li> <li>• an emergency police-directed road closure;</li> <li>• unannounced strike;</li> <li>• loss or theft of <i>your</i> passports, travel documents or money</li> </ul> causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements.	not applicable	C, F and K	E, J and Q
35	The cancellation of <i>your</i> cruise, tour and travel package (excluding supplier default) by the cruise company or tour operator, <b>when you are covered under any of our Package coverages:</b> <ul style="list-style-type: none"> <li>• prior to <i>your</i> departure from <i>your departure point</i>, or</li> <li>• after <i>your</i> departure from <i>your departure point</i>, but prior to the departure of the cruise ship or tour.</li> </ul>	H	I	not applicable
36	<i>Your</i> missed connection caused by the <i>schedule change</i> of the airline carrier that is providing transportation for a portion of <i>your</i> travels, <b>when you are covered under any of our Package coverages</b> .	G and J	G and J	G, J and Q



		What are <i>you</i> eligible for?		
		<i>Trip</i> Cancellation	<i>Trip</i> Interruption	Delayed Return
<b>Other risks</b>				
37	An event completely independent of any intentional or negligent act that renders <i>your</i> principal residence uninhabitable or place of business inoperative.	A	C, E and J	not applicable
38	An event completely independent of any intentional or negligent act that renders <i>your travelling companion's</i> principal residence uninhabitable or his/her place of business inoperative.	A or B	C, E and J	not applicable
39	The quarantine or hijacking of <i>you, your spouse or your child.</i>	A	C, E and J	E, L and Q
40	The quarantine or hijacking of <i>your travelling companion or your travelling companion's spouse or child.</i>	A or B	C, E and J	E, L and Q
41	<i>Your, your spouse or your child</i> being called for jury duty, subpoenaed as a witness, or required to appear as a party in a judicial proceeding, during <i>your trip.</i>	A	C, E and J	not applicable
42	<i>Your travelling companion or your travelling companion's spouse or child</i> being called for jury duty, subpoenaed as a witness, or required to appear as a party in a judicial proceeding, during <i>your trip.</i>	A or B	C, E and J	not applicable
43	<i>Your</i> cruise ship is delayed or the cruise itinerary is interrupted due to the <i>emergency medical condition</i> of another passenger on the ship causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements. <b>You must be covered under any of our Package coverages.</b>	not applicable	C, F and J	E, J and Q
44	The inability to use <i>your</i> cruise shore excursion tour ticket or special event ticket (theatrical, concert or sporting event) purchased while on <i>your</i> cruise trip due to <i>your emergency medical condition or the emergency medical condition of your travelling companion.</i> <b>You must be covered under any of our Package coverages.</b>	not applicable	P	P
45	The burglary of <i>your or your travelling companion's</i> principal residence or place of business within 7 days of <i>your</i> scheduled departure date and as a result <i>you or your travelling companion</i> must remain behind to make the burglarized location secure or to meet with the insurance company or police authorities. <b>You must be covered under any of our Package coverages.</b>	A or B	not applicable	not applicable
46	<i>You or your travelling companion</i> are medically unable to be immunized or take preventative medication, which is unexpectedly and suddenly required by the government for entry into that country, region or city that is originally part of <i>your trip</i> provided that this requirement became effective after the purchase of <i>your</i> travel arrangements and insurance. The reason <i>you or your travelling companion</i> are unable to be immunized or take preventative medication, must be due to your <i>medical condition.</i> <b>You must be covered under any of our Package coverages.</b>	A	C and E	not applicable

## **What are the benefits?**

The expenses covered under this Insurance are described below.

### **Prepaid travel arrangements/Trip Cancellation:**

- A) the non-refundable portion of *your* prepaid travel arrangements;
- B) the extra cost of the next occupancy charge, if *you* choose to travel as originally planned;

Note: Benefit A and B are not applicable if the sum insured for *Trip Cancellation-Before Departure* is \$0.

**Unused Portion of Pre-paid travel arrangements/Trip Interruption-** Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks:

- C) the non-refundable unused portion of *your* prepaid travel arrangements, excluding the cost of prepaid unused transportation back to *your departure point*;

### **Transportation:**

- D) *your* economy class transportation via the most cost effective route to rejoin a tour or group;
- E) *your* economy class transportation via the most cost effective route to *your departure point*;

Fly to Bedside or Funeral-- Note: If *you* are required to interrupt *your trip* to attend a funeral, or travel to the bedside of a hospitalized *immediate family* member, business partner, *key employee* or *caregiver*, *you* have the option to purchase a ticket to the destination where the death or hospitalization has occurred. *You* will be reimbursed the cost of the ticket, up to the maximum amount of what it would have cost for one-way economy class transportation via the most cost effective route back to *your departure point*. (applicable to risk insured #2, #15, and #17)

- This option can only be used once during *your period of insurance*.
- If *you* choose this option, it will replace benefit E.
- The Subsistence Allowance benefit is not applicable if *you* choose this option.

**This option is subject to the pre-authorization of Assured Assistance Inc.**

- F) *your* one way economy air fare via the most cost effective route to *your* next destination (inbound and outbound).

**Missed Connection benefit:**

G) the **lesser** of the following amounts, **up to the maximum amount as indicated in the table on page 59:**

- the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; **or**
- the extra cost, **up to a maximum of \$1,000**, of *your* one-way economy air fare via the most cost effective route to *your* next destination (in- and outbound);

**Cruise, tour and travel package cancellation benefit:**

Note: *your* sum insured must include the cruise, tour, travel package and *your* non-refundable prepaid air fare.

H) the **lesser** of the following amounts, **up to the maximum amount as indicated in the table on page 59:**

- the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; **or**
- *your* non-refundable prepaid air fare which joins to or departs from *your* cancelled sea/land arrangements, **up to a maximum of \$1,000**, that is not part of *your* cruise package;

I) the **lesser** of the following amounts, **up to the maximum amount as indicated in the table on page 59:**

- the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; **or**
- the extra cost of *your* one-way economy air fare via the most cost effective route on a commercial flight, **up to a maximum of \$1,000**, to return *you* to *your* departure point;

**Subsistence allowance:**

J) *your* commercial accommodations and meals, essential telephone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares), **up to a maximum of:**

	<b>Amount per day</b>	<b>Total Amount</b>
Deluxe Package	\$350 / day	\$700
TravelCare Package	\$350 / day	\$700
Travel Within Canada Package	\$350 / day	\$700
Non-Medical Package	\$350 / day	\$700
Cancellation & Interruption	\$175 / day	\$350

- K) *your* overnight commercial accommodations (if delayed for 6 hours or more and delay occurs overnight) and meals, essential telephone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares), **up to a maximum of:**

	<b>Amount per day</b>	<b>Total Amount</b>
Deluxe Package	\$350 / day	\$700
TravelCare Package	\$350 / day	\$700
Travel Within Canada Package	\$350 / day	\$700
Non-Medical Package	\$350 / day	\$700
Cancellation & Interruption	\$175 / day	\$350

- Note: This benefit can only be claimed if no other compensation was provided or offered by the delayed connecting carrier.

- L) *your* commercial accommodations and meals, essential telephone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares), **up to a maximum of:**

	<b>Amount per day</b>	<b>Total Amount</b>
Deluxe Package	\$350 / day	\$3,500
TravelCare Package	\$350 / day	\$3,500
Travel Within Canada Package	\$350 / day	\$3,500
Non-Medical Package	\$350 / day	\$3,500
Cancellation & Interruption	\$175 / day	\$1,750

**CAUTION - EXCLUSIONS, RESTRICTIONS AND REDUCTION OF COVERAGE**

- 1) **It is a condition for the benefits D), E) and F) under the transportation benefit and the benefits J), L), under the subsistence allowance benefit to be covered, that *your* travel must be undertaken on the earliest of the following dates:**
  - the date when *your* travel is medically possible;
  - within **10 days** following *your* originally scheduled *return date* if *your* delay is not the result of hospitalization; **and**
  - within **30 days** following *your* originally scheduled *return date* if *your* delay is the result of hospitalization

when the benefit is payable because of a *medical condition* covered under one of the insured risks.
- 2) When the benefits J) **and** L) are payable to *you*, the maximum payable in total may not exceed the amount specific for benefit L).
- 3) Benefit J) is available only in conjunction with benefits D), E) or F) when no cost-effective and/or direct alternate transportation is available
- 4) It is a condition of risk insured # 34 that any amount payable under Benefit F will be reduced by any amount recoverable from another source (including but not limited to alternative or replacement travel options offered by airlines, tour operators, cruise lines and other carriers) for the same cause.

### **Repatriation of *your* remains:**

The cost for **one of the following options:**

- M) • the transportation of *your* remains to *your* province or territory of residence ;  
**and**
- the cost of the preparation of *your* remains and the cost of the container, **up to a maximum of \$5,000;**

### **OR**

- N) • the transportation of *your* remains to *your* province or territory of residence;  
**and**
- the cremation of *your* remains at the location where *your* death occurred, **up to a maximum of \$5,000;**

### **OR**

- O) • the preparation of *your* remains and the cost of a standard burial container, **up to a maximum of \$5,000;** **and**
- the burial of *your* remains at the location where *your* death occurred, **up to a maximum of \$5,000.**

### **Unused Cruise Shore Excursion Tickets or Special Event Tickets:**

- P) reimbursement of *your* expenses actually incurred as a result of risk insured # 44.
- *your* unused cruise shore excursion tickets or special event tickets (theatrical, concert, or sporting event) up to \$100 per ticket **to a maximum of \$500.**

### **Pet Care Expenses**

- Q) reimbursement to *you* toward the expenses *you* actually incur up to **\$100 maximum** total as a result of one of the insured risks,
- for additional animal boarding fees if *you* were delayed and unable to return on *your* return date.

Note: This benefit is payable only if *your* pet care exceeds the quoted cost for the pre-booked period of accommodation with a licensed boarding kennel, cattery or animal shelter, in which case *we* will reimburse *you* for the actual boarding charges incurred after the first 24 hours of *your* delayed return, subject to a maximum total of \$100. This benefit does not cover veterinary fees.

### **HolidaySure Plan Coupon:**

Upon *your* request, compensation to *you* in the form of a coupon of **up to \$750** in value when *you* incur risk insured # **2 or 15**, and if:

- *you* miss **at least 75%** of *your* trip, as a result of the interruption of *your* travel plans;
- *you* use the coupon towards travel in the **180 days** immediately following the date of *your* early return from *your* interrupted insured trip; **and**
- *you* use the coupon to purchase replacement travel **through the travel agency that originally booked** *your* interrupted insured travel plans, provided that it is not insolvent.

Failure to meet these conditions will make the HolidaySure Plan benefit coverage null and void. *Your* original Deluxe Package, TravelCare Package, Travel Within Canada Package or Non-Medical Package coverage does not cover the replacement travel.

## **Cancelling a trip**

When a cause of cancellation (the event or series of events that trigger one of the 46 risks insured) occurs before the date of departure from *your departure point*, you must:

- cancel *your trip* with the Travel Agent or the carrier immediately, **but no later than the business day following the cause of cancellation**;
- advise *us* at the same time.

*Our* maximum liability is the amounts or portions indicated in *your trip* contract that are non-refundable at the time of the cause of cancellation or on the next business day.

## **Change in your medical condition prior to your departure**

If *you* are covered under:

- Cancellation & Interruption Insurance Coverage; **and**
- *Emergency* Medical Insurance Coverage

and *your medical condition* is not *stable* before *your* date of departure because:

- *you* are prescribed a *change in medication*; **or**
- *you* are prescribed a change in treatment

and therefore *you* become ineligible for coverage under *our emergency* medical coverages, *you* may apply for *our* special consideration of *your* particular medical circumstance through *your* Travel Agent.

To apply, *you* must provide *us* with:

- copies of the clinical notes from *your* treating *physician*, for the period starting when *you* booked *your trip* to the date of *your* request for consideration;
- authorization to *physicians* and *hospitals* signed by *you*; **and**
- complete itinerary for *your trip*, including prepaid amounts, insured amounts, and cancellation penalties.

Once this information is received, *we* will, at *our* discretion, take **one of the two following decisions within one business day**:

- accept *your* claim under *our* Cancellation & Interruption Insurance; or
- **waive the exclusion** for this *medical condition* that would make *you* ineligible for benefits under *our emergency* medical insurance.

**Exclusions, limitations or reduction in Coverage applicable to the  
Cancellation & Interruption Insurance Coverage**

**CAUTION**

- a) **This insurance does not cover any expense directly or indirectly related to certain events. This exclusion varies according to the amount of non-refundable portion of *your* prepaid travel arrangements. The table below indicates which exclusions are applicable to each type of insurance. The description of each exclusion can be found after the table.**

**Under Cancellation & Interruption coverages, *effective date* refers to the date and time:**

- **the required premium is paid, as shown on *your insurance application/confirmation of coverage*, under all SINGLE TRIP Coverages; and**
- ***you* purchased *your* prepaid travel arrangements and before any cancellation penalties are in effect, under all Multi-Trip ANNUAL Coverages.**

	Amount of non-refundable amount of prepaid travel arrangement	
	Less than \$15,000	More than \$15,000
No <i>medical questionnaire</i>	Exclusions 1 and 2	Not applicable
<i>You</i> have answered all questions on the <i>medical questionnaire</i> and as a result of <i>your</i> answers it is determined that Exclusion 3 <b>does not</b> apply to <i>you</i>	Not applicable	Exclusions 1, 2 and 4
<i>You</i> have answered all questions on the <i>medical questionnaire</i> and as a result of <i>your</i> answers it is determined that Exclusion 3 <b>does</b> apply to <i>you</i>	Not applicable	Exclusions 1, 2, 3 and 4

**Exclusion 1:**

**This Insurance does not pay for any expenses incurred directly or indirectly as a result of any *medical condition*, any heart condition and/or any lung condition and any related condition (whether or not the diagnosis has been determined)if *you*, or *your family*:**

- **have a *medical condition* or related condition (whether or not the diagnosis has been determined) has not been *stable*;**
- **have taken nitroglycerin more than once per week specifically for the relief of angina pain;**
- **have been treated with home oxygen; or**
- **have taken oral steroids for any lung condition**

**at any time in the 90 days before *your effective date*.**

## CAUTION (continued)

### Exclusion 2:

This Insurance does not cover losses, claims or expenses of any kind caused directly or indirectly from:

- any anticipated event, occurrence, circumstance, or *medical condition*, which *you* were aware of on or before *your effective date*, and which *you* knew might be cause for cancellation, interruption or delay of *your trip*.
- a *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim;
- pre-paid travel arrangements for which a insurance premium was not paid;
- *your* intentional self-inflicted injury, *your* suicide or *your* attempt to commit suicide, whether sane or insane;
- *your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act;
- *your mental or emotional disorders*;
- any *medical condition* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*;
- *your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*;
- a) routine pre-natal care;  
b) a child born during *your period of insurance*;  
c) pregnancy;  or  
d) childbirth;
- In the 9 weeks before or after the expected date of delivery, complications of pregnancy and/or childbirth.
- any *medical condition* if *you* undertake *your trip* with the prior knowledge that *you* will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the *medical condition*;
- war, declared or not, act of foreign enemies or rebellion;
- the non-issuance of a travel visa due to late visa application;
- the *schedule change* of a medical test or surgery that was originally scheduled before *your period of insurance*;
- *your medical condition* if any answer provided in the *medical questionnaire*, when applicable, is incorrect. In that case, the policy is void and the premium paid is refundable at *our* option;



## CAUTION (continued)

- ***your* participation in rock climbing or *mountain climbing*;**
- **ionising radiation or radioactive *contamination* from:**
  - **any nuclear fuel or waste which results from the burning of nuclear fuels,**
  - **the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.**

### **Exclusion 3:**

Regardless whether a *medical condition* has been *stable* or has not been *stable*, this Insurance does not pay for any expenses of benefits arising from or related to a *medical condition*, a heart condition and/or a lung condition (whether or not the diagnosis has been determined) if at any time in the 180 days before *your effective date*:

- ***you* have taken medication;**
- ***you* have been prescribed medication;**
- ***you* have been treated;**
- ***you* have experienced a deterioration;**
- ***you* have sought medical treatment**

for *your medical conditions* or related condition.

### **Exclusion 4:**

This Insurance does not pay for any expenses incurred directly or indirectly as a result of all *medical conditions*, any heart condition and/or any lung condition or related condition (whether or not the diagnosis has been determined) if:

- ***your immediate family member*;**
- ***your travelling companion***

have

- **a *medical condition* or related condition (whether or not the diagnosis has been determined) has not been *stable*;**
- **have taken nitroglycerin more than once per week specifically for the relief of angina pain;**
- **have been treated with home oxygen;**
- **taken oral steroids for any lung condition**

at any time in the 90 days before the *effective date*.

### **b) Terrorism:**

Where an *act of terrorism* that is not a *catastrophic event* directly or indirectly causes a loss, we will reimburse *you* up to a maximum of 100% of *your* eligible loss.

Where an *act of terrorism* that is a *catastrophic event* directly or indirectly causes a loss, we will reimburse *you* up to a maximum of 50% of *your* eligible loss.

## CAUTION (continued)

Where an *act of terrorism* that is a *catastrophic event*, the maximum benefit payable:

- per *act of terrorism*;  or
- per series of *acts of terrorism* occurring within a 72 hour period

for all policyholders shall be \$5,000,000. If the total benefits payable exceed \$5,000,000, eligible benefits shall be reduced on a pro rata basis so that the maximum payment shall be \$5,000,000.

The total maximum payment for all policyholders shall be \$10,000,000 per calendar year regardless of the number of *Acts of Terrorism*. If the total benefits payable exceed \$10,000,000, eligible benefits shall be reduced on a pro rata basis so that the maximum payment shall be \$10,000,000.

When *your* benefit is reduced, *your* prorated claim will be paid after the end of the calendar year.

Benefits payable in are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by, but not limited to:

- airlines;
- tour operators;
- cruise lines;
- other travel suppliers and other insurance coverage

even where such other coverage is described as excess.

An excess insurance is an insurance from which the covered benefits are paid after any other amounts payable from other sources.

The benefits payable will only be paid after *you* have exhausted all such other sources.

- c) The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.
- d) The total amount paid to *you* cannot exceed the actual expense which *you* have incurred if *you* are insured under more than one of *our* policies.
- e) The maximum *you* are entitled to is the largest amount specified for the benefit in any one policy if *you* are insured under more than one of *our* policies.

This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this Insurance.

## ■ Flight and Travel Accident Insurance Coverage

The **Flight Accident** Insurance Coverage applies to *you*, if *you* purchased any of the following:

- Deluxe Package coverages;
- Travel Within Canada Package;
- TravelCare – HealthSelect Package coverages
- TravelCare – Gold Package coverages
- TravelCare – Silver Plus Package coverages
- TravelCare – Silver Package coverages
- TravelCare – Bronze Package coverages
- Non-Medical Package;
- Flight Accident.

The **Travel Accident** Insurance Coverage applies to *you*, if *you* purchased any of the following:

- Deluxe Package coverages;
- Travel Within Canada Package;
- TravelCare – HealthSelect Package coverages
- TravelCare – Gold Package coverages
- TravelCare – Silver Plus Package coverages
- TravelCare – Silver Package coverages
- TravelCare – Bronze Package coverages
- Non-Medical Package.

### What risks are insured?

This Insurance covers *your accidental bodily injury* which results in *your*:

- *dismemberment*;
- *loss of sight*;
- *death*;
- complete and irrecoverable loss of hearing; **or**
- complete and irrecoverable loss of speech

within **365 days** from the date of the accident that **occurs during your trip**.

Under **Flight Accident**, the *accidental bodily injury* must be sustained while *you* are:

- a passenger on the *trip* shown in the *insurance application/confirmation of coverage* or during a substitute *trip* if the ticket is exchanged;
- riding as a passenger in a land or water conveyance at the expense of the airline as a substitute for a *passenger plane* on which *you* are covered by this Insurance;
- riding as a passenger in a limousine or bus service provided by the airline or airport authority;
- at an airport for the purpose of departure or arrival of the flight covered by this Insurance;
- riding as a passenger in a scheduled helicopter shuttle service to and from airports to make a connection with the flight covered by this Insurance; **or**
- exposed to the elements due to a forced landing or disappearance of a *passenger plane* on which *you* are riding.

Also, for the Flight Accident Insurance, *your trip* must take place:

- on a *passenger plane*, between the *departure point* and the destination shown in the *insurance application/confirmation of coverage* and the return to the *departure point* if a round *trip* ticket is obtained before leaving the *departure point*;
- on a ticket or pass covering the whole airline *trip* issued to *you* for transportation on a *passenger plane* in which this Insurance was purchased against. If the ticket is issued to *you* aboard such *passenger plane* after leaving the *departure point* but before reaching the first scheduled stop, it will be deemed to have been issued before leaving the *departure point*.

### **What are the benefits?**

We will pay **the greater** of these benefits for all losses resulting from an accident:

1) **100 % of the principal sum** for:

- death;
- double *dismemberment*;
- *loss of sight* of both eyes;
- complete and irrecoverable loss of hearing; **or**
- complete and irrecoverable loss of speech.

2) **50 % of the principal sum** for:

- single *dismemberment*; **or**
- *loss of sight* of one eye.

### **Principal Sum**

The principal sum is indicated in the section “Package Coverages” on page 59 of this guide.

#### **CAUTION- EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

**Our total liability for all accident insurance policies under which we cover you will be limited to \$200,000. Any insurance coverage in excess of \$200,000 will be void and the premiums paid will be refunded.**

### **Multiple Accidents**

The total benefits payable for one or more accidents will not exceed the applicable principal sum.

## **Presumption of death following a disappearance**

It will be presumed that *you* died if *your* body has not been found after **one year** following the accident.

It will be presumed that *you* died if *your* body has not been found after **one year** following:

- the forced landing of the *passenger plane*; **or**
- at the time and place the *passenger plane* was last seen or heard from, if the *passenger plane* has disappeared.

### **Exclusions, limitations or reduction in Coverage applicable to the Flight and Travel Accident Insurance Coverage**

#### **CAUTION**

a) **The Flight Accident Insurance Coverage does not cover any loss, claim or expense of any kind caused directly or indirectly from:**

- war, declared or not, act of foreign enemies or rebellion;
- *your* intentional self-inflicted injury, suicide or attempt to commit suicide, whether sane or insane;
- the commission of a criminal act or direct or indirect attempt to commit a criminal act by *you* or *your* beneficiary;
- participation in any military manoeuvre or training exercise;
- disease, even if the cause of its activation or reactivation is an accident;
- piloting, learning to pilot or acting as a member of a crew of an aircraft;
- *contamination* due to any *act of terrorism*;
- ionising radiation or radioactive *contamination* from:
  - any nuclear fuel or waste which results from the burning of nuclear fuels, or
  - the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
- *terrorism*.

b) **The Travel Accident Insurance Coverage does not cover any loss, claim or expense of any kind caused directly or indirectly from:**

- war, declared or not, act of foreign enemies or rebellion;
- *your* intentional self-inflicted injury, suicide or attempt to commit suicide, whether sane or insane;
- the commission of a criminal act or direct or indirect attempt to commit a criminal act by *you* or *your* beneficiary;
- participation in any military manoeuvre or training exercise;
- disease, even if the cause of its activation or reactivation is an accident;
- piloting, learning to pilot or acting as a member of a crew of an aircraft;
- *contamination* due to any *act of terrorism*;
- ionising radiation or radioactive *contamination* from:

- any nuclear fuel or waste which results from the burning of nuclear fuels, or
- the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;

- *terrorism*;
- any accident arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*;
- *your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*;
- *your* participation as a *professional* athlete in a sporting event including training or practice for the same;
- ;
- *your* participation in hang-gliding, rock climbing, *mountain climbing*, parachuting, skydiving or bungee jumping;
- *your* participation in any kind of motorized race or motorized speed contest including training or practice for the same.

c) **Terrorism:**

This Insurance Coverage does not cover any claim, if such claim is directly or indirectly caused by *terrorism* or by a contamination due to any *act of terrorism*.

- d) The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.
- e) The total amount paid to *you* cannot exceed the actual expense which *you* have incurred if *you* are insured under more than one of *our* policies.
- f) The maximum *you* are entitled to is the largest amount specified for the benefit in any one policy if *you* are insured under more than one of *our* policies.

This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this Insurance.

## ■ Baggage & Personal Effects Insurance Coverage

This Insurance is underwritten in Quebec by RBC General Insurance Company.

The Baggage & Personal Effects Insurance Coverage applies to *you*, if *you* purchased any of the following:

- Deluxe Package coverages;
- Travel Within Canada Package;
- TravelCare – HealthSelect Package coverages
- TravelCare – Gold Package coverages
- TravelCare – Silver Plus Package coverages
- TravelCare – Silver Package coverages
- TravelCare – Bronze Package coverages
- Non-Medical Package;
- Baggage & Personal Effects.

### What risks are insured?

This Insurance covers:

- the physical loss; **or**
- damage to

the baggage and personal effects

- *you* own; **and**
- *you* use during *your trip*.

### What are the benefits?

#### **1. Loss of or Damage to Baggage & Personal Effects**

Reimbursement of *your* losses up to the sum insured , **up to a maximum of \$500 for any one item or set of items.**

The sums insured for the packages are indicated in the section “Package Coverages” of this guide.

#### **2. Replacement of Travel Documents**

Reimbursement of **up to \$300 in total** towards the replacement expenses of **one or more** of the following documents:

- passport;
- driver's licence;
- birth certificate; **or**
- travel visa

in the event any one of these documents is **lost** or **stolen**.

### 3. Delay of Baggage & Personal Effects

Reimbursement for necessary toiletries and clothing when *your* checked baggage is delayed by the carrier **for 12 hours or more** while en route and before returning to *your departure point* and **you are covered under a Package**:

- **up to \$400** maximum for any **Deluxe Package, Travel Within Canada Package, TravelCare Package** or **Non-Medical Package**.

We have the option to repair or replace any damaged or lost property with other of similar kind, quality and value and to require submission of the property for appraisal of damage.

### **Theft, burglary, robbery, malicious mischief, disappearance, loss or damage**

You must, during *your period of insurance*, notify and obtain corroborating documentary evidence from the police that prove the theft, loss, damage or disappearance.

If the police are not available, *you* must notify and obtain corroborating documentary evidence that proves the theft, loss, damage or disappearance from:

- the hotel manager;
- the tour guide; **or**
- the transportation authorities.

You must also:

- take all reasonable precautions to protect, save and/or recover the property; **and**
- notify *us* immediately upon *your* return to *your departure point*.

#### **CAUTION- EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

**Failure to comply with this condition will invalidate any claim under this Insurance.**

### **Coverage Extension**

This Insurance will continue until the insured property is delivered by the common carrier, if the insured property is under check of a common carrier and delivery is delayed.



**Exclusions, limitations or reduction in Coverage applicable to the  
Baggage & Personal Effects Insurance Coverage**

**CAUTION**

- a) If *you* are insured under other Baggage & Personal Effects insurance issued by *us*, then the maximum sum insured per person or per family will not exceed \$2,000 in total for all coverages.
- b) We are not liable beyond the actual cash value (original cost less deduction for depreciation) of the property at the time of loss.
- c) If an article which is part of a set is lost or damaged, the measure of loss or damage to such article is a reasonable and fair proportion of the total value of the set, but not the total loss of or damage to the set.

d) **Terrorism:**

Where an *act of terrorism* directly or indirectly causes a loss, the benefits payable are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by, but not limited to:

- airlines;
- tour operators;
- cruise-lines; or
- other travel suppliers and other insurance coverage

**even where such other coverage is described as excess.**

The benefits payable will only be paid after *you* have exhausted all such other sources.

e) This Insurance does not cover:

- animals;
- perishables;
- bicycles except while checked as baggage with a common carrier;
- household effects and furnishings;
- hearing aids;
- artificial teeth and limbs;
- eye glasses, sunglasses, contact lenses;
- money;
- tickets;
- securities;
- documents;
- *professional* or occupational items;
- antiques;
- collector items;
- breakage of or damage to brittle or fragile articles;
- property illegally acquired, kept, stored or transported;
- any claim arising from loss caused by wear and tear, deterioration, defect or mechanical breakdown;
- any claim arising from loss caused by *your* imprudent act or omission;
- any claim arising from loss of articles specifically insured on a valued basis by another insurer while this insurance is in effect;

### **CAUTION (continued)**

- any claim arising from loss directly in consequence of war, declared or not, act of foreign enemies or rebellion;
  - any claim arising from loss caused by theft from an unattended *vehicle* unless the *vehicle* (including the *vehicle's* trunk) was securely locked and there were visible marks indicating that the theft occurred as a result of forcible entry.
- f) any loss, claim or expense of any kind caused directly or indirectly from ionising radiation or radioactive *contamination* from:
- any nuclear fuel or waste which results from the burning of nuclear fuels; or
  - the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- g) The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.
- h) The total amount paid to *you* cannot exceed the actual expense which *you* have incurred if *you* are insured under more than one of *our* policies.
- i) The maximum *you* are entitled to is the largest amount specified for the benefit in any one policy if *you* are insured under more than one of *our* policies.

**This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this Insurance.**

## ■ Rental Car Physical Damage Insurance Coverage

This Insurance is underwritten in Quebec by RBC General Insurance Company.

### **CAUTION- EXCLUSIONS, RESTRICTION OR REDUCTION IN COVERAGE**

The *Rental Car Physical Damage Insurance Coverage* applies if:

- ***you have purchased our stand-alone Rental Car Physical Damage Insurance; and***
- ***only if you have booked your car rental with the Travel Agent with whom you have booked your trip.***

**Before acceptance of the rental car,** you must examine the *rental car* if required by the *commercial rental agency*. You must record in writing all existing damages before accepting it and keep a copy of this written record of pre-existing damages for submission to us in the event of a claim.

### **What must you do in case there is a loss or damage to the rental car?**

You must:

- 1) immediately contact Assured Assistance Inc. and the *commercial rental agency* to report full details of any loss or damage which occurs during the rental period;
- 2) immediately report to the police or other authorities having jurisdiction, in the event of an accident, malicious act, burglary, robbery or theft, full details as required by law.

### **CAUTION- EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

**Failure to report the loss as outlined above will invalidate any claim under this Insurance.**

You must not undertake **any repairs** other than those that are immediately necessary for the protection of the *rental car* from further loss or damage. You must **not remove any physical evidence of the loss or damage** without *our* consent.

### **What risks are insured?**

This Insurance covers loss for which *you* may be liable, resulting from physical loss or damage anywhere in the world to a *rental car* solely while the *rental car* is under:

- *your* care, custody and control; **or**
- the care, custody or control of a person permitted to operate the *rental car* under the rental agreement,

for **60 consecutive days or less.**

## **What is the Coverage Amount?**

The **maximum coverage amount is of \$50,000** for the total of all benefits.

## **What are the benefits?**

- The liability imposed upon *you* by law or assumed by *you* under the car rental agreement, if there is physical damage to the *rental car*.

Also:

- *we* will investigate, negotiate or settle any claim, on *your* behalf and as *we* deem appropriate;
- *we* will defend in *your* name and on *your* behalf and at *our* cost, on behalf of the insurer, any civil action that may be brought against *you* on account of such loss or damage;
- *we* will pay:
  - all costs assessed against *you* in any civil action *we* defend, on behalf of the insurer, **and**
  - any interest accruing after judgment upon that part of the judgment which is within the limit of the insurer's liability;
- pay towing costs, general average, salvage, fire department charges, customs duties and reasonable costs for loss of use of the *rental car* for which *you* are responsible.

**Exclusions, limitations or reduction in Coverage applicable to the  
Rental Car Physical Insurance Coverage**

**CAUTION**

**This Insurance does not cover:**

- a) liability other than for loss of or damage to the *rental car*;
- b) expenses assumed, waived or paid by the *commercial rental agency* or its insurers or payable under any other insurance;
- c) contents of the *rental car*;
- d) loss or damage arising from, caused by or contributed to by driving or operation of the *rental car* by *you* or any other person:
  - while under the influence of intoxicating substances;
  - in a speed test or contest;
  - while carrying passengers for compensation or hire, while being used for commercial delivery or transporting contraband or illegal trade;
  - in violation of the terms of the car rental agreement;
- e) loss or damage arising from, caused by, or contributed to by:
  - mechanical fracture or breakdown of any part of the *rental car*;
  - rusting, corrosion, wear and tear, gradual deterioration, inherent defect, or freezing, but the insurer will be liable for resulting loss or damage which is insured hereunder;
  - conversion or any dishonest act of:
    - yourself,
    - any other party of interest,
    - *your* employees,
    - *your* agents, or
    - any person to whom the property may be entrusted,

**except bailees for hire;**

  - *your* failure to preserve or protect the property, or *your* neglect or abuse of the property;
  - consequence of war, declared or not, act of foreign enemies or rebellion;
- f) any loss, claim or expense of any kind caused directly or indirectly from ionising radiation or radioactive *contamination* from:
  - any nuclear fuel or waste which results from the burning of nuclear fuels; or
  - the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

## CAUTION (continued)

**g) Terrorism:**

Where an *act of terrorism* directly or indirectly causes a loss, the benefits payable are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by but not limited to:

- airlines;
- tour operators;
- cruise-lines;  or
- other travel suppliers and other insurance coverage

**even where such other coverage is described as excess.**

The benefits payable will only be paid after *you* have exhausted all such other sources.

- h) The total benefits paid to *you* by all insurers from whom *you* have similar benefits cannot exceed the actual expense that *you* have incurred. All benefits payable to *you* under any of *our* policies are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.**
- i) The total amount paid to *you* cannot exceed the actual expense which *you* have incurred if *you* are insured under more than one of *our* policies.**
- j) The maximum *you* are entitled to is the largest amount specified for the benefit in any one policy if *you* are insured under more than one of *our* policies.**

**This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this Insurance.**

## ■ Package Coverages

### Maximum Sums Payable

The maximum sums payable vary according to the type of package *you* have selected. These maximums are shown in the table below:

<b>Package Coverages</b>	<b>Deluxe<sup>1</sup></b>	<b>TravelCare – HealthSelect, Gold, Silver Plus, Silver &amp; Bronze<sup>1</sup></b>	<b>Travel Within Canada</b>	<b>Non-Medical</b>
<b>Cancellation &amp; Interruption Insurance</b>				
<b>MAXIMUM SUMS PAYABLE</b>				
<i>Trip</i> Cancellation-Before Departure	Up to the sum insured <sup>2</sup>	Up to the sum insured <sup>2</sup>	Up to the sum insured	Up to the sum insured
<i>Trip</i> Interruption-After Departure	Economy Class Transportation: Unlimited	Economy Class Transportation: Unlimited	Economy Class Transportation: Unlimited	Economy Class Transportation: Unlimited
<i>Trip</i> Interruption-Unused Portion of pre-paid Travel Arrangements	Unlimited	Unlimited	Unlimited	Unlimited
Subsistence Allowance	\$3,500	\$3,500	\$3,500	\$3,500
HolidaySure Plan Coupon	\$750 Travel Coupon	\$750 Travel Coupon	\$750 Travel Coupon	\$750 Travel Coupon
Connection Benefit	\$1,000	\$1,000	\$1,000	\$1,000
<b>Emergency Medical Insurance</b>				
Medical & Other Benefits	Unlimited <sup>3</sup>	Unlimited <sup>3</sup>	Unlimited <sup>3</sup>	Not Applicable
Subsistence Allowance	\$3,500	\$3,500	\$3,500	Not Applicable
<b>Baggage &amp; Personal Effects Insurance</b>				
Loss of, or Damage to, Baggage & Personal Effects	\$1,000 <sup>4</sup>	\$1,000 <sup>4</sup>	\$1,000 <sup>4</sup>	\$1,000 <sup>4</sup>
Delay of Baggage & Personal Effects	\$400	\$400	\$400	\$400
<b>Flight Accident Insurance</b>				
<b>PRINCIPAL SUM</b>				
Death, Double <i>Dismemberment</i> , <i>Loss of Sight</i> of both eyes, or complete and irrecoverable loss of speech or hearing <sup>5</sup>	\$100,000	\$100,000	\$100,000	\$100,000
<b>Travel Accident Insurance</b>				
<b>PRINCIPAL SUM</b>				
Death, Double <i>Dismemberment</i> , <i>Loss of Sight</i> of both eyes, or complete and irrecoverable loss of speech or hearing <sup>5</sup>	\$50,000	\$50,000	\$50,000	\$50,000

<sup>1</sup> Under the PACKAGE Multi-Trip ANNUAL Coverage option, all MAXIMUM SUMS PAYABLE and PRINCIPAL SUMS are per *trip*.

<sup>2</sup> Under the PACKAGE Multi-Trip ANNUAL Coverage option, the Before Departure sum insured is \$2,500 per *trip* to a maximum of \$10,000 per year.

<sup>3</sup> This Insurance is subject to a maximum of \$20,000 if *you* do not have valid *government health insurance plan* coverage.

<sup>4</sup> The maximum for any one item or set of items is \$500.

<sup>5</sup> *You* are entitled to a maximum of the largest amount specified for one of these benefits.

**CAUTION- EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

**Our total liability for all accident insurance policies under which we cover you will be limited to \$200,000. Any insurance coverage in excess of \$200,000 will be void and the premiums paid will be refunded.**

■ **Package Upgrade**

This Package Upgrade rider is available to *you* if *you*:

- qualify for and have purchased any of our Package coverage Single Trip options; or qualify for and have purchased any of our Package coverage Multi-Trip Annual Plan options. *You* must pay the required Package Upgrade rider premium for each individual trip *you* want to cover; **and**
- pay the required Package Upgrade rider premium before *your* date of departure from *your* departure point.

Note: Package Upgrade rider must be purchased in conjunction with *your* Package coverage. The Rider is not valid if purchased on its own.

For the purposes of *your* Package in which *you* paid the required “Package Upgrade rider” premium, it is hereby understood and agreed that the terms of *your* policy are amended as follows:

1. **Transportation on Same Class Ticket Benefit**

If *you* are travelling on a *passenger plane* with a ticket or pass in which this insurance was purchased against, and *you* are eligible for benefit D, E or F under Cancellation & Interruption Insurance, this insurance will cover the extra cost of *your* same class transportation via the most cost effective route.

2. **Subsistence Allowance Benefit Increase**

Under *Emergency* Medical Insurance, the maximum sum payable under Subsistence Allowance, Benefit 8, is hereby increased to up to \$500 per day to a maximum of \$5,000 (not applicable to the Non-Medical Package).

Under Cancellation & Interruption Insurance, the maximum sum payable under Subsistence Allowance:

- Benefit J, is hereby increased to up to a daily maximum of \$500, to a maximum of \$1,000; and
- Benefit L, is hereby increased to up to a daily maximum of \$500, to a maximum of \$5,000.

3. **Entertainment Benefit**

If *you* are delayed, beyond *your* scheduled *return date*, from returning to *your* departure point due to one of the risks insured, *we* will reimburse *you* for the expenses *you* actually incur, up to \$100 for entertainment expenses for *you* to attend a ticketed event such as, but not limited to, a movie theatre, theatre, concert hall, opera or sporting event.



4. **Special Event Benefit**

The Special Event Benefit is available to *you* when the primary reason for *your trip* is to attend a wedding, sporting event, or conference, which cannot be delayed regardless of *you* being in attendance.

- a) If *your* departure from or return to *your departure point* is interrupted and *your* scheduled time of arrival is delayed for any reason beyond *your* control, *we* will reimburse *you* for the expenses *you* actually incur, up to \$600 for the additional transportation cost of an alternate route on a scheduled carrier, to *your* planned destination to allow *you* to arrive in time for the Special Event.
- b) The Special Event Benefit does not cover any expenses incurred directly or indirectly as a result of:
  - *your* failure to comply with normal check-in procedure of the travel supplier;
  - strike, hijack, riot or civil commotion; or
  - any extra costs that are not described in paragraph a) above, which *you* have incurred due to a missed connection, as a result of *your* delay.

5. **Increase Delay of Baggage & Personal Effects Benefit**

Under Baggage & Personal Effects Insurance, the maximum sum payable under Benefit 3, Delay of Baggage & Personal Effects, is hereby increased to up to \$750 for necessary toiletries and clothing (including formal wear) when *your* checked baggage is delayed by the carrier for 12 hours or more while en route and before returning to *your departure point*.

***Your Insurance Coverage is subject to all other terms set out in this document.***

## ■ **Golf/Ski Upgrade**

This Rider is available to *you* if *you*:

- qualify for and have purchased any of our Package coverage Single Trip options; **or**
- qualify for and have purchased any of our Package coverage Multi-Trip Annual Plan options. *You* must pay the required Golf/Ski Upgrade rider premium for each individual trip *you* want to cover; **and**
- pay the required Golf/Ski Upgrade rider premium before *your* date of departure from *your* departure point.

Note: Golf/Ski Upgrade rider must be purchased in conjunction with *your* Package coverage. The Rider is not valid if purchased on its own.

For the purposes of *your* Package in which *you* paid the required “Golf/Ski Upgrade” rider premium, it is hereby understood and agreed that the terms of *your* policy are amended as follows:

### 1. **Cancellation & Interruption Insurance:**

Cancellation & Interruption Insurance coverage under “What are the benefits?” and “When does the risk occur?” is hereby amended to include the following:

#### **Trip Interruption Benefit:**

##### **Golf:**

In the event *your trip* is interrupted due to a covered reason listed in *your* Package policy, this insurance will cover:

- a) up to \$100 per day/\$400 maximum for non-refundable booked green fees.

##### **Ski:**

In the event of ski lift closures due to avalanche or severe weather conditions , this insurance will cover:

- b) up to \$100 per day/\$400 maximum for non-refundable lift tickets

### 2. **Baggage & Personal Effects Insurance:**

Baggage & Personal Effects Insurance, under Benefit 3, Delay of Baggage & Personal Effects, is hereby amended to include the following:

#### **Baggage Delay Benefit:**

##### **Golf:**

In the event *your* golf clubs (which *you* own or use during *your trip*) are delayed by the common carrier for 12 hours or more, this insurance will cover:

- a) up to \$100 per day/\$400 maximum for the rental of golf clubs, and the purchase of reasonable golf accessories such as golf balls and tees.

##### **Ski:**

In the event *your* ski equipment (which *you* own or use during *your trip*) is delayed by the common carrier for 12 hours or more, this insurance will cover:

- b) up to \$100 per day/\$400 maximum for the rental of ski equipment, and the purchase of reasonable ski accessories. (Note: Ski equipment includes snowboards, skis, bindings, boots or poles.)

***Your* Insurance coverage is subject to all other terms set out in this document.**

## ■ **Assistance Services**

Assured Assistance Inc (AAI) provides *Emergency* Assistance and Concierge Services leveraging *our* travel assistance coordinators, travel professionals and call centre infrastructure teams. Behind the scenes *our* medical assistance team is ready to provide their expertise if required.

### **Emergency Assistance Services:**

The **Emergency Assistance Services** applies to all the following products\*:

- Deluxe Package coverages;
- Travel Within Canada Package;
- TravelCare - HealthSelect Package coverages;
- TravelCare - Gold Package coverages;
- TravelCare - Silver Plus Package coverages;
- TravelCare - Silver Package coverages;
- TravelCare - Bronze Package coverages.
- Classic Medical coverages;
- TravelCare - HealthSelect Medical coverages;
- TravelCare - Gold Medical coverages;
- TravelCare - Silver Plus Medical coverages;
- TravelCare - Silver Medical coverages;
- TravelCare - Bronze Medical coverages;

\*the Non-Medical Package only includes the “Replacement Co-ordination” service.

If *you* require medical treatment during *your trip*, or for any other emergency, *you* must contact Assured Assistance Inc. immediately at one of these numbers:

Toll-free from the USA or Canada: ..... 1 800 387-2487  
Toll-free from Mexico: ..... 001 800 514-1890  
Collect call from anywhere: ..... (905) 816-2561  
Toll-free fax from the USA or Canada: ..... 1 888 298-6340  
Fax: ..... (905) 813-4719

The following assistance services are available to *you*:

#### 1 **Medical Assistance & Consultation**

When *you* have a medical *emergency* and *you* call Assured Assistance Inc., whenever possible *you* will be directed to one or more recommended medical service providers near *you*. In addition, whenever possible, Assured Assistance Inc. will:

- provide confirmation of coverage and pay *your* eligible medical expenses directly to the recommended medical service provider;
- consult with *your* attending *physician* to monitor *your* care; and
- monitor the appropriateness, necessity and reasonableness of that care to ensure that *your* resulting eligible expenses will be covered by this insurance.

#### 2 **Pay Assistance**

Whenever possible, the payment of the eligible medical services *you* receive will be co-ordinated through Assured Assistance Inc., communicated with *your* medical provider and billing arrangements will be discussed. Pay assistance may not be available from certain medical service providers for reasons beyond the control of Assured Assistance Inc. *You* may be required to make payment up-front or to leave a deposit. If *you* are required to make payment up-front or leave a deposit, call Assured Assistance Inc. immediately. me.

### 3 Replacement Co-ordination

Whenever possible, Assured Assistance Inc. will help co-ordinate the replacement of *your* prescription eyeglasses or essential prescription medication in the event these items need to be replaced during *your trip*. This insurance does not cover the actual cost to replace *your* prescription eyeglasses or essential prescription medication.

### **Concierge Services:**

The **Concierge Services** applies to all the following products:

- Deluxe Package coverages;
- Travel Within Canada Package;
- TravelCare - HealthSelect Package coverages;
- Non-Medical Package
- TravelCare - Gold Package coverages;
- TravelCare - Silver Plus Package coverages;
- TravelCare - Silver Package coverages;
- TravelCare - Bronze Package coverages.

If *you* require planning or assistance during *your trip*, please contact *our* Concierge Services at:

Toll-free from the USA or Canada: ..... 1 800 387-2487  
Toll-free from Mexico: ..... 001 800 514-1890  
Collect call from anywhere: ..... (905) 816-2561  
Toll-free fax from the USA or Canada: ..... 1 888 298-6340

The following Concierge Services are available to *you*:

### **Travel Information:**

- ✓ Currency exchange rates
- ✓ ATM locations
- ✓ Weather information
- ✓ Consulate and embassy locations
- ✓ Local sights and attractions
- ✓ Social protocol in countries to be visited
- ✓ Last minute flight changes
- ✓ Hotel finder and reservations
- ✓ Ground transportation (rental car, train, bus)
- ✓ Baggage tracing
- ✓ Pre-trip health and safety advisories
- ✓ Passport, visa and customs information
- ✓ Departure tax information
- ✓ International driver's license information
- ✓ Person with disabilities—wheelchair access information
- ✓ Information regarding travelling with children (for couples that are divorced or separated), travelling with children that are not yours or children travelling on their own
- ✓ Canada customs—what can I bring into Canada
- ✓ Information on country to country calling
- ✓ Check-in assistance

### **Entertainment Planning:**

- ✓ Restaurant locations/reservations
- ✓ Golf course locations/reservations
- ✓ Tickets for concerts, theatre, sports
- ✓ Yacht and fishing charters reservations

### **Personal Services:**

- ✓ E-mail/phone messaging to family and friends
- ✓ Floral services
- ✓ Fitness centre/spa reservations
- ✓ Legal/bail Assistance
- ✓ Arrange for interpreter/translation services
- ✓ Arrange for courier services for valuable documents left behind

Note: *We* will always do our best to find the information, make the arrangements *you* request, or refer *you* to appropriate professionals. Please be aware, the arrangements *you* request may not be available. Outside professionals are independent providers and Assured Assistance Inc. is not responsible for the availability, quality or results of any services or information they provide. Our Concierge benefits are service benefits and not financial benefits. Any costs associated with the services are *your* responsibility. Services may vary or may not be available based on *your trip* destination.

### ■ **Automatic Coverage Extension**

In some cases, *your* Insurance can automatically be extended.

### **Delay of a Common Carrier**

If *you* cannot complete *your trip* by *your return date* because of the delay of a common carrier in which *you* are scheduled to travel, *your* coverage will automatically extend for the delay period to a maximum of **72 hours**.

### **Hospitalization**

If *you* or *your travelling companion* is hospitalized on *your return date* or *expiry date*, *your* coverage will automatically extend. *Your* coverage will automatically extend **for the period of hospitalization and up to an additional 5 days after discharge**. This is not available for the Cancellation & Interruption Insurance Coverage.

### **Medical Condition**

If *you* or *your travelling companion* are delayed beyond *your return date* because of a *medical condition* and are medically unable to travel, but are not hospitalized, *your* coverage will automatically extend. *Your* coverage will automatically extend for the delay period **to a maximum of 5 days after *your return date***. This is not available for the Cancellation & Interruption Insurance Coverage.

### **CAUTION- EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

**Coverage will not continue beyond 365 days from date of departure, regardless of the automatic extensions above.**

■ **If you decide to extend your trip**

If *you* decide to extend *your trip*, any extension of *your* coverage is subject to the following conditions:

- a) If *you* **have not had a *medical condition*** under *your* existing coverage under any of *our* insurances other than any Multi-Trip ANNUAL Coverage, *you* must request the extension by contacting *your* Travel Agent before *your return date*.
- b) If *you* **have had a *medical condition*** under *your* existing coverage under any of *our* insurances other than any Multi-Trip ANNUAL Coverage, *you* must request the extension by contacting Assured Assistance Inc. before *your return date*, and the extension is subject to the approval of Assured Assistance Inc.
- c) If *you* are **covered under any Multi-Trip ANNUAL Coverage**, extensions are not available. Instead, *you* may *top-up your* coverage as outlined under "What if *you* want to *top-up your* Multi-Trip ANNUAL Coverage?" in this guide.

In the three cases above, *you* must pay the required additional premium **before *your original return date***.

If the insurance for which *you* require the extension is not available for the duration that includes the total number of days of *your trip* and any optional extension(s), *your* coverage cannot be extended. Instead, *you* may be able to purchase a new policy under the coverage:

- for which *you* are eligible; **and**
- that is available for the duration that includes the period beginning with *your effective date* and ending at *your new return date*.

**The terms, conditions and exclusions of the extension policy apply to *you* during the extension period.**

## ■ **Top-up Insurance Coverage**

If *you* are covered under any of *our* Multi-Trip ANNUAL **Coverages**, and if *your travel period* exceeds:

- **9 consecutive days** under the 9-Day plan, **or**
- **16 consecutive days** under the 16-Day plan, **or**
- **30 consecutive days** under the 30-Day plan, **or**
- **60 consecutive days** under the 60-Day plan

***you must top-up this coverage*** as outlined below.

If:

- *you* are covered under one of *our* Multi-Trip ANNUAL **Coverage**; and
- *you* want to *top-up your coverage*

*you* may purchase another policy from *us* under the insurance for which *you* are eligible.

This Insurance is available for the duration that includes the period beginning with *your effective date* and ending at *your new return date* for the additional number of days beyond the duration provided by *your* Multi-Trip ANNUAL **Coverage**.

### **Before *your Effective Date***

*You* may contact *your* Travel Agent to purchase *top-up* coverage.

### **After *your Effective Date***

- a) If *you* **have not had a medical condition** during *your trip*, *you* must contact *your* Travel Agent before *your* scheduled *return date* to purchase *top-up* coverage.
- b) If *you* **have had a medical condition** during *your trip*, *you* must contact Assured Assistance Inc. before *your* scheduled *return date* to purchase *top-up* coverage. The issuance of the *top-up* policy is subject to the approval of Assured Assistance Inc.

**The terms, conditions and exclusions of the policy issued as *top-up* apply to *you*.**

*You* must pay the required *top-up* premium on or before the *effective date* of the *top-up* period.

#### **CAUTION- EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

***You will not have coverage for any claim incurred outside of your period of insurance during a trip if you do not top-up this coverage for that trip that is longer than your 9-Day, 16-Day, 30-Day or 60-Day plan. If the policy you are purchasing as top-up requires you to complete a medical questionnaire, you must complete the medical questionnaire for that top-up coverage.***

### **If you want to top-up another insurer's travel insurance**

If *you* are covered under another insurer's travel insurance, *you* may purchase *top-up* coverage from *your* Travel Agent **only before your date of departure** from *your departure point*

*You* must pay the required *top-up* premium **before your date of departure** from *your departure point*.

If *you* wish to purchase *top-up* coverage with one of *our emergency* medical coverages and:

- if the entire duration of *your* intended *travel period* is greater than **183 days** (including the period of time in which *you* are covered under another insurer's travel insurance), and
- *you* are **60 years of age or older**;

*you* must complete the *medical questionnaire*.

**The terms, conditions and exclusions of our policy issued as top-up apply to you.**

<p><b><u>CAUTION - EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE</u></b></p>
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<p><b><i>You cannot purchase a Multi-Trip ANNUAL Coverage as top-up.</i></b></p>
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### **If you want to top-up travel insurance included with your credit card coverage**

If *you* are covered under travel insurance included with *your* credit card coverage, *you* may purchase a Deluxe Package Multi-Trip annual plan as *top-up* coverage for the additional number of days beyond the duration provided with *your* credit card coverage:

- a) *You* may contact *your* Travel Agent before *your* date of departure from *your departure point*.
- b) *You must pay the required top-up premium for a 9-Day, 16-Day or 30-Day option, before your date of departure from your departure point.*
- c) *Your top-up coverage cannot exceed 9 consecutive days under the 9-Day option, 16 consecutive days under the 16-Day option, or 30 consecutive days under the 30-Day option.*
- d) *The terms, conditions and exclusions of our policy issued as top-up apply to you.*
- e) *If the policy you are purchasing as top-up requires you to complete a medical questionnaire, you must complete the medical questionnaire for that top-up coverage.*
- f) *It is your responsibility to confirm top-up coverage is permitted on your existing travel insurance included with your credit card coverage.*



## Cancellation

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You can cancel *your* insurance coverage at any time before *your* date of departure and receive a full refund of *your* premium by contacting *your* Travel Agency, if the insurance coverage *you* have purchased does not include **Cancellation & Interruption Insurance Coverage**.

The name and address of *your* Travel Agency can be found on the front page of this guide. *Your* Travel Agent will inform *you* about the documents required to cancel *your* insurance.

If *your* insurance coverage includes **Cancellation & Interruption Insurance Coverage**, *you* can cancel *your* insurance coverage within 10 days following the date of the *insurance application/confirmation of coverage*. *You* must send a written request by registered or certified mail.

*You* cannot cancel the Cancellation & Interruption Insurance Coverage after *your* date of departure or if the date of departure is within 11 days after the date of the *insurance application/confirmation of coverage*.

*You* will find a form to cancel *your* insurance coverage on page 77 of this guide.

### ■ **Premium Refund**

All requests for premium refunds must be submitted to the Travel Agent from whom *you* purchased the insurance.

#### **a) Under Cancellation & Interruption and/or any Package coverages:**

the premium *you* paid can be refunded only if *your trip* is cancelled before *you* depart on *your trip* and:

- the supplier cancels *your trip* and all penalties are waived;
- the supplier changes the travel dates and *you* are unable to travel on these dates and all penalties are waived; **or**
- *you* cancel *your trip* before any cancellation penalties are in effect.

#### **b) Under any Multi-Trip ANNUAL Coverage:**

The premium *you* paid can be refunded only before *your start-up date*.

#### **c) Under all coverages other than those outlined above in a) and b):**

The premium *you* paid for the unused days can be refunded if *you* return to *your departure point* before *your return date*

*You* must:

- provide proof of *your* date of return, **and**
- do not have a claim under the insurance.

## ■ End of the Insurance Coverage

Your Insurance Coverage ends at the **earliest of the following dates:**

- a) the date of the cause of cancellation if *your trip* is cancelled before *your* date of departure from *your departure point*;
- b) the date *you* return to *your* province, territory or country of residence, **except in the following circumstances:**

Your insurance coverage **will not end if you temporarily return** to *your* province, territory, or country of residence **prior to your return date** provided that:

- *you* resume *your trip*;
  - *you* are covered under Classic Medical, TravelCare-HealthSelect Medical, TravelCare-Gold Medical, TravelCare-Silver Plus Medical TravelCare-Silver Medical or TravelCare-Bronze Medical, **and**
  - *you* do not have a claim under this Insurance, **and**
  - *you* did not have a *medical condition* during *your* temporary return to *your* province, territory or country of residence, **and**
  - *you* were fit to resume travel on *your trip*.
- c) midnight of *your return date*;
  - d) midnight of *your expiry date*;
  - e) 183 days after *your* date of departure from *your departure point* except in the circumstances outlined in f), g) and h);
  - f) 365 days after *your* date of departure from *your departure point* if *you* are covered under Classic Medical, or TravelCare - HealthSelect or Gold Medical, and *your government health insurance plan* covers *you* for the full duration of *your trip*;
  - g) 365 days after *your* date of departure from *your departure point* under Cancellation & Interruption Insurance, Non-Medical Package, Travel within Canada and Flight Accident;
  - h) the day before the one-year anniversary of *your start-up date* under any Multi-Trip ANNUAL Coverage; **or**
  - i) under the *Rental Car* Physical Insurance Coverage:
    - the date and time the *commercial rental agency* reassumes control of the *rental car*;
    - the date and time the rental contract expires; **or**
    - **60 consecutive days** after the rental contract started.

■ **Applying for Classic Medical Multi-Trip ANNUAL Plan after the one-year Anniversary**

If *you* are under 60 years of age on the day of the one-year anniversary of *your start-up date*, and *you* have paid the premium for Classic Medical Multi-Trip ANNUAL Plan using *your* credit card, *you* will be issued a new policy for the next year, and the premium will be charged to *your* credit card unless:

- *you* notify *your* Travel Agent;
- *you* are no longer eligible to apply for Classic Medical Multi-Trip ANNUAL Plan;
- Classic Medical Multi-Trip ANNUAL Plan is no longer available;
- *you* are given 45 days notice by registered mail that the Insurer will not issue a new policy; **or**
- *your* credit card information on file is no longer valid.

If *you* do not pay using a credit card, *your* coverage terminates at the end of each 365 day period and *you* must apply for new coverage from *your* Travel Agent.

## II. PROOF OF LOSS OR CLAIM

### Submission of a Claim

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#### ■ Emergency Medical Insurance Coverage

If *you* require medical treatment during *your trip*, *you* or another person must contact Assured Assistance Inc. immediately at one of these numbers:

Toll-free from the USA or Canada: ..... 1 800 387-2487  
Toll-free from Mexico: ..... 001 800 514-1890  
Collect call from anywhere: ..... (905) 816-2561  
Toll-free fax from the USA or Canada: ..... 1 888 298-6340  
Fax: ..... (905) 813-4719

#### ■ Other Insurance Coverages

To submit a claim for eligible expenses incurred during *your trip* and not related to medical services, *you* can:

- follow the instructions on the claim form included with *your* insurance policy, **or**
- visit *our* website at <http://www.rbcinsurance.com/travel/travel-insurance-claims.html>; **or**
- contact *our* Claims Department at one of the following numbers:

Toll-free from Canada: ..... 1 800 263-8944  
Collect call from any country: ..... (514) 748-2244

#### ■ Time Periods to Submit a Claim

For the **Rental Car Physical Insurance Coverage**, *you* must submit *your* claim within **30 days** of the loss or damage.

For **all other Insurance Coverages**, *you* must submit *your* claim within **90 days** following the date of *your* return to *your departure point*.

If *you* are unable to submit *your* claim within these time periods, *you* must submit *your* claim within **one year**; otherwise *you* lose all *your* rights to the benefits.

If *you* are insured under *our* Multi-Trip ANNUAL Coverage, in the event of claim, *you* must provide documentary evidence of *your effective date*.

## ■ Claim and Authorization Forms

Some documents must be provided when submitting a claim. These include the Claim & Authorization form, fully completed **and**, where applicable:

### Emergency Medical Insurance Coverage

- *our medical questionnaire if you are covered under TravelCare -HealthSelect, TravelCare -Gold, TravelCare -Silver Plus, TravelCare -Silver or TravelCare -Bronze coverages;*
- original of all bills, invoices and receipts;
- proof of payment by *your government health insurance plan* and payment from any other insurer or benefit plan;
- the completed and signed Power of Attorney and Quebec Regie forms, if *you* reside in the province of Quebec;
- a complete diagnosis from the *physician(s)* and/or *hospital(s)* who provided the treatment, including, where applicable, written verification from the *physician* who treated *you* during *your trip* that the expenses were medically necessary;
- for **accidental dental expenses**, *we* require proof of the accident.

*We* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense

### Cancellation & Interruption Insurance Coverage

- *our medical questionnaire if the full value of the non-refundable portion of your prepaid travel arrangements exceeds \$15,000;*
- a medical document, fully completed by the legally qualified *physician* in active personal attendance and in the locality where the *medical condition* occurred stating the reason why travel was not recommended;
- written evidence of the risk insured which was the cause of cancellation, interruption or delay;
- tour operator terms and conditions;
- complete original unused transportation tickets, vouchers, cruise shore excursion tickets or special event tickets;
- all receipts for the prepaid land arrangements and/or subsistence allowance expenses;
- original passenger receipts for new tickets;
- reports from the police or local authorities documenting the cause of the missed connection;
- detailed invoices and/or receipts from the service provider(s).

### Flight and Travel Accident Insurance Coverage

- police reports, medical records, death certificate, autopsy or coroner's report.

### Baggage & Personal Effects Insurance Coverage

- proofs of loss/damage (copy of reports made to the authorities), proof of ownership and receipts for the items claimed, **in the event of loss or damage;**
- proof of delay and receipts for purchases of necessary toiletries and clothing, **in the event of a delay.**

## **Rental Car Physical Damage Insurance Coverage**

- the invoice and/or receipt showing payment of the car rental;
- a copy of the car rental agreement;
- a brief description of the loss;
- police report if the loss is over \$500, or the *commercial rental agency* loss report;
- copy of the repair bill or estimate of repair cost;
- copy of *your* written record of pre-existing damages, as completed before *your* acceptance of the *rental car*.

### **CAUTION- EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE**

**When making a claim under this Insurance, *you* must provide the applicable Documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim**

**Failure to complete the required Claim & Authorization form in full will delay the assessment of *your* claim.**

## **Insurer's Reply**

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Our objective is to process *your* claim or to inform *you* of *our* decision within **7 days** following the reception of all information required to process *your* claim.

For the *Emergency Medical Insurance Coverage*, *we* reimburse the covered expenses directly to the medical providers when possible.

For death claims under the Flight and Travel Accident Insurance Coverage, *we* will pay the principal sum to the beneficiary indicated in the *insurance application/confirmation of coverage* or to *your* estate, if no beneficiary is indicated.

*We* will pay the expenses, other than for loss of life, covered under this Insurance to *you* or to the provider of the service(s). Any sum payable for loss of life will be payable to *your* estate unless otherwise specified in *your insurance application/confirmation of coverage*.

*You* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount is not payable under the terms of *your* policy.

## **Appeal of an Insurer's Decision and Recourses**

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*You* may contact the Bureau des services financiers or consult *your* own lawyer if the insurer does not respect its commitments.

Any action shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which this policy was issued if *you* do not agree with a decision taken regarding *your* claim or for a dispute related to determinations made under the policy.

In any event, any action or arbitration proceeding against *us* for the recovery of a claim under this policy shall not be commenced more than 3 years after the occurrence which gives rise to the claim.

However, if this limitation is invalid according to the laws of the province or territory where this policy was issued, *you* must commence *your* action or arbitration proceeding within the shortest time limit permitted by the laws of that province or territory. In fact, if this law is modified in order to extend or reduce the maximum delay to commence *your* action or arbitration proceeding against *us*, *you* must do it within the new delays prescribed by the law.

## **Third Party Liability**

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*We* may take action against the party at fault if *you* incur expenses covered under this insurance due to the fault of a third party. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a lawsuit in *your* name against the third party. If *you* recover against a third party, *you* agree to hold in trust sufficient funds to reimburse *us* for the amounts paid under this policy.

### III. SIMILAR PRODUCTS

Other insurers may provide products similar to this one. Before buying an insurance product, ensure that *you* do not already have such coverage.

### IV. REFERRAL TO L'AUTORITÉ DES MARCHÉS FINANCIERS

If *you* have any questions about this insurance, please contact the insurer first, by referring to the contact information indicated on the cover page of this Distribution Guide.

For details about the commitments of insurers and distributors of insurance products to *you*, *you* may contact l'Autorité des marchés financiers :

**Autorité des marchés financiers**

Place de la Cité, Tour Cominar  
2640, boulevard Laurier, 4<sup>e</sup> étage  
Québec (Québec) G1V 5C1

Telephone

Québec City: (418) 525-0337  
Montréal: (514) 395-0337  
Toll-Free: 1 877 525-0337

Fax

(418) 525-9512

Website

[www.lautorite.qc.ca](http://www.lautorite.qc.ca)

Email

[renseignements-consommateur@lautorite.qc.ca](mailto:renseignements-consommateur@lautorite.qc.ca)



## V. NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

### NOTICE GIVEN BY A DISRIBUTOR

Article 440 of the *Act respecting the distribution of financial products and services*

### THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

- The Act allows *you* to cancel an insurance contract *you* have just signed when signing another contract, **without penalty, within 10 days of its signature**. To do so, *you* must give the insurer notice by registered mail within that delay. *You* must use the attached model for this purpose.
- Despite the cancellation of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that *you* may lose advantageous conditions as a result of this Insurance contract; contact *your* distributor or consult *your* contract.
- After expiry of the 10-day time period, *you* may cancel the insurance at any time; however, penalties may apply.
- Article 441 does not apply when the insurance contract is for a period of 10 days or less, and if it became effective at the time of the request for cancellation of the trip cancellation insurance.
- Article 441 does not apply when the trip cancellation insurance contract is purchased within 11 days prior to the trip.

For further information, contact the Bureau des services financiers at (418) 525-6273 or 1-877-525-6273.

### NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

To: \_\_\_\_\_  
(Name of insurer)

\_\_\_\_\_  
(Address of insurer)

Date: \_\_\_\_\_  
(Date of sending of notice)

Pursuant to section 441 of the *Act respecting the distribution of financial products and services*, I hereby cancel insurance contract no.:

\_\_\_\_\_  
(Number of contract, if indicated)

Entered into on: \_\_\_\_\_  
(Date of signature of contract)

In: \_\_\_\_\_  
(Place of signature of contract)

\_\_\_\_\_  
(Name of client)

\_\_\_\_\_  
(Signature of client)

The distributor must first complete this section.

This document must be sent by registered mail.

Sections 439, 440, 441,442 and 443 of the Act must be reproduced on the back of this notice.

**Art.439.** A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.

**Art.440.** A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Bureau, stating that the client may cancel the insurance contract within 10 days of signing it.

**Art.441.** A client may cancel an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered or certified mail.

Where such an insurance contract is cancelled, the first contract retains all its effects.

**Art.442.** No contract may contain provisions allowing its amendment in the event of cancellation or termination by the client of an insurance contract made at the same time.

However, a contract may provide that the cancellation or termination of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.

**Art.443.** A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation of the Bureau, stating that the debtor may subscribe for the insurance with the insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the insurer specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or reduction of the debtor's rights.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor cancels, terminates or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.

## VI. NOTICE OF SPECIFIC CONSENT

### You are free to grant or refuse this consent

Sections 92 and 437 of the Act respecting the distribution of financial products and services

#### WHAT YOU MUST KNOW:

- At this date, we hold certain information relating to you.
- We require your consent to allow some of our clerks to have access to this information.
- These clerks will also have access to any update of the information done during the period of validity of the consent.
- These clerks will use the information available **in order to solicit you for the purchase of new financial products and services.**

#### YOU ARE FREE TO SET THE PERIOD OF VALIDITY OF YOUR CONSENT

- If you grant consent for an undetermined period of time, you may at any time terminate it by revoking it. At the end of this form, you will find a revocation notice model that you may use for this purpose or as a basis for preparing your own notice.
- If you wish to grant consent for a limited period of time, you may do so by determining this period yourself. This form provides, in the “specific consent” section, a place where you may write down the period of validity desired.

#### THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS

Without this specific consent, the distributor may not use this information for a purpose other than the purpose for which it was collected. **The distributor cannot compel you to give your consent or refuse to do business with you if you refuse to give it. Section 94 of the Act protects you.** For further information, you may contact the Autorité des marchés financiers at: (418) 525-0337 or 1-877-525-0337.

The information we hold pertaining to you, at this date, was collected as part of:

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-----  
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(purpose(s) of the file)

Here are the required categories of information that we would like one of our clerks to use and the products and services he may offer you. For a fuller description of each category, you may refer to the back of this sheet.

Please authorize each category of information requested.

<b>Required information category to be accessed</b> <sup>(1)</sup>	<b>For which products and services?</b> <sup>(2)</sup>	<b>Client's Authorization</b> <sup>(3)</sup>	<b>Initials</b> <sup>(4)</sup>
<i>To be filled by the distributor</i>	<i>To be filled by the distributor</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

Instructions for the distributor (duplication not required):

1. The distributor must describe each category on the reverse side of this sheet.
2. The distributor must specify the nature of the products and services it wishes to offer the client. Each information category must be associated with a specific purpose. Where a category serves several purposes, the distributor must repeat it for each purpose.
3. The client may give his or her authorization by telephone, provided both parties can identify each other. In such case, this form shall serve as a script for the officer, who will also read the detailed description of each category to the client. The distributor must fill out this form and send it to the client within ten (10) days of obtaining the verbal consent.
4. If in electronic form, the initials may be replaced by a confirmation window. However, the notice of consent must be made available to the client by any means allowing the reading or printing thereof.

In accordance with the Act respecting the protection of personal information in the private sector, **you may request access to the information that we hold pertaining to you.**

SPECIFIC CONSENT

Having read the above, I, the undersigned, \_\_\_\_\_  
(name of client)

consent to the use of the information held by the distributor for the purposes indicated above.

This authorization will be valid until revoked or for the following period:

\_\_\_\_\_  
DD/MM/YY (to be filled out by the client)

**I may revoke this consent at any time by sending a notice.** I may use the attached model notice for this purpose or as a basis for preparing my own notice.

\_\_\_\_\_  
(signature of client)

\_\_\_\_\_  
(date of signature of the consent)

\_\_\_\_\_  
(client identification, address, folio or contract no., etc.)

**I HEREBY REVOKE THE SPECIFIC CONSENT GIVEN TO THE DISTRIBUTOR BY THE FOLLOWING NOTICE**

To: \_\_\_\_\_  
(name of distributor)

\_\_\_\_\_  
(address of distributor)

On: \_\_\_\_\_

I, the undersigned, \_\_\_\_\_ hereby notify you that  
(name of client)

I am canceling the specific consent authorizing the communication of my personal information for new purposes.

Consent given to you on \_\_\_\_\_  
(date of consent)

\_\_\_\_\_  
(name of client)

\_\_\_\_\_  
(signature of client)

\_\_\_\_\_  
(client identification, address, folio or contract no., etc.)

## VII. DIRECTIVES FOR THE TRAVEL AGENCY

Please check the box(es) corresponding to the insurance coverage selected by the client and write *your* initials on the line besides the box(es).

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NAME OF THE CLIENT  
(in block letters)

**has purchased the following RBC Insurance coverage:**

	<b>Check</b>	<b>Initials</b>
<b>Package Insurance Coverages</b>		
Deluxe Package	<input type="checkbox"/>	_____
Travel Within Canada Package	<input type="checkbox"/>	_____
Non-Medical Package	<input type="checkbox"/>	_____
TravelCare - HealthSelect Package	<input type="checkbox"/>	_____
TravelCare - Gold Package	<input type="checkbox"/>	_____
TravelCare - Silver Plus Package	<input type="checkbox"/>	_____
TravelCare - Silver Package	<input type="checkbox"/>	_____
TravelCare - Bronze Package	<input type="checkbox"/>	_____
<b>Emergency Medical Insurance Coverage (under 60 years of age)</b>		
Classic Medical	<input type="checkbox"/>	_____
<b>Emergency Medical Insurance Coverage (60 years of age or older)</b>		
TravelCare - HealthSelect Medical	<input type="checkbox"/>	_____
TravelCare - Gold Medical	<input type="checkbox"/>	_____
TravelCare - Silver Plus Medical	<input type="checkbox"/>	_____
TravelCare - Silver Medical	<input type="checkbox"/>	_____
TravelCare - Bronze Medical	<input type="checkbox"/>	_____
<b>Stand-Alone Insurance Coverages</b>		
Cancellation & Interruption Insurance Coverage	<input type="checkbox"/>	_____
Baggage & Personal Effects Insurance Coverage	<input type="checkbox"/>	_____
Rental Car Physical Insurance Coverage	<input type="checkbox"/>	_____
Flight Accident	<input type="checkbox"/>	_____



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